## Edgar Filing: ARATANA THERAPEUTICS, INC. - Form 4

ARATANA 7 Form 4 June 28, 2016		TICS, INC.									
FORM								PPROVAL			
UNITED STATES SI				SECURITIES AND EXCHANGE C Washington, D.C. 20549				COMMISSION	OMB Number:	3235-0287	
Check this if no longe	ar.	ox								January 31, 2005	
subject to Section 16 Form 4 or	<b>51A1</b>	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligation may contin <i>See</i> Instruct 1(b).	Filed p s Section 1	response Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								0.5	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person *2. IssueBrinkley David LSymbol				er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
	ARATA [PETX]	NA THE	RAPEU	FICS	, INC.	(Check all applicable)					
(Last)(First)(Middle)3. Date of (Month/DaC/O ARATANA THERAPEUTICS, INC., 11400 TOMAHAWK CREEK06/24/20PARKWAY, SUITE 340				-				X_ Director10% Owner Officer (give titleOther (specify below)below)			
(Street) 4. If Amendm Filed(Month/D					-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LEAWOOD	, KS 66211							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction 1 (Month/Day/Ye	ear) Executio any	emed on Date, if Day/Year)	3. Transactio Code (Instr. 8)	Disposed (Instr. 3,	l (A) o l of (D 4 and (A) or	) 5)	Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/24/2016			Code V A	Amount 4,500	(D) A	Price \$ 0	4,500	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. H Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 6.12	06/24/2016		А	7,500	<u>(1)</u>	06/23/2026	Common Stock	7,500	

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Brinkley David L C/O ARATANA THERAPEUTICS, INC. 11400 TOMAHAWK CREEK PARKWAY, SUITE 340 LEAWOOD, KS 66211	х				
Signatures					
/s/ John C. Ayres, Attorney-in-Fact for David L. Brinkley	06/2	28/2016			
**Signature of Reporting Person		Date			

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Vests on the earlier of (i) the first anniversary of the date of grant and (ii) the day immediately preceding the date of the Issuer's next(1) annual meeting of stockholders following the date of grant, subject to continued service as a member of the Board of Directors of the Issuer through such vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.