Edgar Filing: Mast Therapeutics, Inc. - Form 4

Mast Therapeutic Form 4	es, Inc.										
January 23, 2017											
FORM 4			CECU			antistar		-	PPROVAL		
	UNITED	STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-0287		
Check this box if no longer								Expires:	January 31, 2005		
subject to Section 16. Form 4 or	1ENT OI	F CHAN	NGES IN SECUI	Estimated burden hou	Estimated average burden hours per response 0.5						
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type Respondence)	nses)										
1. Name and Address of Reporting Person <u>*</u> Greenleaf Peter			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			Mast Therapeutics, Inc. [MSTX]				(Check all applicable)				
(Last) (First) (Middle) 805 KING FARM			3. Date of Earliest Transaction (Month/Day/Year) 01/20/2017			_X_ Director 10% Owner Officer (give title Other (specify below) below)					
BOULEVARD,	SUITE 550							0010 (())			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
ROCKVILLE, M	4D 20850						Person	More than One R	eporting		
(City) ((State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date th/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4)	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on	a separate line	for each cla	ass of sec	urities bene	-	-	-	ation of a	NEC 1474		
					inforn requir	nation cont ed to response ays a curre	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8.1
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities	De
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Sec

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	or (D (In	cquired (Dispose)) nstr. 3, 4 nd 5)	ed of					(
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	8
Restricted Stock Units	<u>(1)</u>	01/20/2017		A	4:	5,535		(2)	(2)	Common Stock	45,535	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Greenleaf Peter 805 KING FARM BOULEVARD SUITE 550 ROCKVILLE, MD 20850	Х							
Signatures								
/s/ Brandi L. Roberts, Attorney-in-H Greenleaf	()1/23/2017						

**Signature of Reporting Person

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).
- (1) Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock.

The restricted stock units vest in full upon consummation of the merger transaction contemplated by the Agreement and Plan of Merger,

Date

(2) dated January 6, 2017, by and among the issuer, Savara Inc., and Victoria Merger Corp. (provided such event occurs on or before July 6, 2017).

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.

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