Grais Linda S Form 3

January 16, 2019

FORM	I Z UN	ITED STA	TES SECURITIES AND EXCHANGE COMMISSI			MISSION	N OMB APPROVAL			
	15		Washington, D.C. 20549				OMB Number:	3235-0104		
Filed pursuant to Section 16 Section 17(a) of the Public Uti				NT OF BENEFICIAL OWNERSHIP OF			Expires:	January 31		
				SECURITIES 6(a) of the Securities Exchange Act of 192 tility Holding Company Act of 1935 or Se vestment Company Act of 1940			Estimated a burden hou response	irs per		
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> Grais Linda S			2. Date of Event R Statement (Month/Day/Year)	Zosano Ph	3. Issuer Name and Ticker or Trading Syn Zosano Pharma Corp [ZSAN]					
(Last)	(First)	(Middle)	01/14/2019		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
C/O ZOSAL CORPORA ARDENTE	TION, 34	4790		(Check	all applicable)		vioniti Day i c	")		
	(Street)			X Directo Officer (give title belo	Other	6. Indi ^{w)} Filing	vidual or Joir Check Applica	ible Line)		
FREMONT	CA 9	4555				Person Fo	rm filed by Mo ing Person			
(City)	(State)	(Zip)	Tal	able I - Non-Derivative Securities Beneficially Owned						
1.Title of Secu (Instr. 4)	ırity		Ber	Amount of Securities reficially Owned tr. 4)	Ownership	4. Nature of 1 Ownership (Instr. 5)	indirect Benef	ïcial		
Reminder: Rep owned directly	-		ach class of securitie	s beneficially S	SEC 1473 (7-02)					
	inforı requi	mation cont red to respo	pond to the colle- ained in this form ond unless the for MB control numb	are not m displays a						
	Fable II - De	rivative Secu	urities Beneficially (Owned (e.g., puts, calls	, warrants, opti	ons, converti	ble securities	5)		
1. Title of Der (Instr. 4)	ivative Secur	•	ate Exercisable and iration Date	3. Title and Amount of Securities Underlying		5. n Ownershi		e of Indirect al Ownership		

Shares

or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships				
Topo and o man a man a sum of	Director	10% Owner	Officer	Other	
Grais Linda S C/O ZOSANO PHARMA CORPORA 34790 ARDENTECH COURT FREMONT, CA 94555	ATION	ÂX	Â	Â	Â
Signatures					
/s/ Greg Kitchener, Attorney-in-fact 01/1		2019			
**Signature of Reporting Person	Da	te			
Evolution of Poon		~ 1			

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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.