## Edgar Filing: Kauffman Michael - Form 4

Kauffman N	Aichael										
Form 4											
June 14, 20	18										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION							ONID	3235-0287			
Check this box Washington, D.C. 20549							Number:	January 31,			
if no longer STATEMENT OF CHAN				IGES IN BENEFICIAL OWNERSHIP OF			Expires:	2005			
subject to STATEMENT OF CHA. Section 16.				SECURITIES			Estimated average burden hours per				
	Form 4 or						response	•			
Form 5 obligation	<b>nn</b> a –						nge Act of 1934,				
may cor	ntinue. Section 17			•	•	npany Act 19 Act of 1	of 1935 or Sectio	on			
<i>See</i> Inst 1(b).	ruction	50(II)	of the fi	ivestillent	Compar	IY ACT OF I	1940				
1(0).											
(Print or Type	Responses)										
XX CC XX: 1 1				I losuer ritanie una riener or ritaanig			5. Relationship o Issuer	5. Relationship of Reporting Person(s) to			
Kauffman Michael			Symbol								
			INFINITY PHARMACEUTICALS, INC. [INFI]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	of Earliest T	ransaction		XDirector		% Owner		
				Day/Year)			Officer (give below)	below)	ner (specify		
C/O INFIN	CEUTICALS, IN	C 784	06/12/2	2018							
MEMORIA		C., 784									
			4. If Amendment, Date Original			<ol> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ol>					
			Filed(Month/Day/Year)								
CAMDDIE	CE MA 02120						_X_ Form filed by Form filed by 1				
CAMDRIL	OGE, MA 02139						Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	Acquired, Disposed o	of, or Beneficia	ally Owned		
1.Title of	2. Transaction Date			3.	4. Securit			6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, 1f	Transaction Code	nAcquired Disposed			Form: Direct (D) or Indirect	Indirect Beneficial		
(1150.5)		(Month/Da	ay/Year)	(Instr. 8)	(Instr. 3, 4		•	(I)	Ownership		
								(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
				Coue v	Amount	(D) Price					
Reminder: Re	port on a separate lin	e for each cl	ass of sec	urities benef	ficially own	ned 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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, i any (Month/Day/Year)		4. 5. Number of Transactio-Derivative Code Securities (Instr. 8) 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 I S ()
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 1.75	06/12/2018		А	20,000	<u>(1)</u>	06/12/2028	Common Stock	20,000	

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
reporting o wher runn	Director	10% Owner	Officer	Other			
Kauffman Michael C/O INFINITY PHARMACE 784 MEMORIAL DRIVE CAMBRIDGE, MA 02139	х						
Signatures							
/s/ Michael G. Kauffman	06/12/2018						
**Signature of Reporting	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).
- (1) The option vests over a period of one year in equal quarterly installments beginning at the end of the first quarter after the date of grant, provided that the holder continues to serve as a director of the issuer.

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.

Person