## Edgar Filing: Viking Therapeutics, Inc. - Form 4

Viking Therapeutics, Inc.

Form 4 March 08, 2	2016									
								OMB APPROVAL		
	UNITED	STATES	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					N OMB Number:	3235-0287	
Section 16. Form 4 or			F CHANGES IN BENEFICIAL O SECURITIES					Expires: Estimated burden ho response.	urs per	
Form 5 obligatio may cor <i>See</i> Instr 1(b).	ons Section 17(	(a) of the I	Public U	tility Hol	ding Co		nge Act of 1934, a of 1935 or Secti 1940			
(Print or Type	Responses)									
1. Name and A MORNEA	2. Issuer Name <b>and</b> Ticker or Trading Symbol Viking Therapeutics, Inc. [VKTX]			5. Relationship of Reporting Person(s) to Issuer						
(Last) (First) (Middle)			3. Date of Earliest Transaction				(Check all applicable)			
C/O VIKIN INC., 1234 SUITE 250	(Month/Day/Year) 03/04/2016			Director 10% Owner X Officer (give title Other (specify below) Chief Financial Officer						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
SAN DIEG	GO, CA 92130						Person	whole than one w	ceporting	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D) 4 and 5) (A) or	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: Re	port on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					inforr requi	nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible	Beneficially Owned securities)	d		
1. Title of	2. 3. Trans	saction Date	3A. Dee	emed	4.	5. Number	r of 6. Date Exerci	sable and	7. Title and Amount of	

Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative

Underlying Securities

Expiration Date

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## **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) 25% of the shares subject to the option will vest on each anniversary of the grant 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.