

Phair Thomas J.  
Form 3  
January 29, 2009

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

1. Name and Address of Reporting Person \*

Phair Thomas J.  
(Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)  
01/22/2009

3. Issuer Name and Ticker or Trading Symbol  
Altus Pharmaceuticals Inc. [ALTU]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

Director  10% Owner  
 Officer  Other  
(give title below) (specify below)  
Sr. Dir, Finance & Controller

C/O ALTUS  
PHARMACEUTICALS  
INC., 333 WYMAN STREET

(Street)

WALTHAM, MA 02451

(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security  
(Instr. 4)

2. Amount of Securities Beneficially Owned  
(Instr. 4)

3. Ownership Form:  
Direct (D)  
or Indirect (I)  
(Instr. 5)

4. Nature of Indirect Beneficial Ownership  
(Instr. 5)

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

SEC 1473 (7-02)

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

1. Title of Derivative Security  
(Instr. 4)

2. Date Exercisable and Expiration Date  
(Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security  
(Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership  
(Instr. 5)

Date Exercisable Date Expiration Date

Title Amount or Number of

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				Shares		or Indirect (I) (Instr. 5)	
Common Stock Option (right to buy)	Â (1)	07/26/2016	Common Stock	25,000	\$ 13.27	D	Â
Common Stock Option (right to buy)	Â (2)	03/02/2017	Common Stock	3,198	\$ 14.24	D	Â
Common Stock Option (right to buy)	Â (3)	02/25/2018	Common Stock	7,000	\$ 5.72	D	Â
Common Stock Option (right to buy)	Â (4)	04/08/2018	Common Stock	10,000	\$ 5.34	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Phair Thomas J. C/O ALTUS PHARMACEUTICALS INC. 333 WYMAN STREET WALTHAM, MA 02451	Â	Â	Â Sr. Dir, Finance & Controller	Â

## Signatures

/s/ Kevin Brennan 01/29/2009

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* 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).
- (1) All of such options have a term of ten years vesting over four years, with 1/16th of the options vesting every three months. All of such options become exercisable as they vest. Vesting for these options started on July 26, 2006.
  - (2) All of such options have a term of ten years vesting over four years, with 1/16th of the options vesting every three months. All of such options become exercisable as they vest. Vesting for these options started on March 2, 2007.
  - (3) All of such options have a term of ten years vesting over four years, with 1/16th of the options vesting every three months. All of such options become exercisable as they vest. Vesting for these options started on February 25, 2008.
  - (4) These options are performance based options that vest upon successful completion of specific milestones.

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.