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Clovis Onco	ology, Inc.										
Form 4											
May 15, 201	15										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box								Expires:	January 31,		
if no lon subject t		IENT OF CH	ANGES IN	BENEF	TCL	AL OWN	ERSHIP OF		2005		
	Section 16. SECURITIES							Estimated average burden hours per			
Form 4 o								response 0.5			
Form 5 obligatio		suant to Sectio				•					
may con	Section 171		•	•	-	•	1935 or Section				
See Instr	ruction	30(h) of the	e Investment	t Compa	ny A	ct of 1940)				
1(b).											
(Print or Type	Responses)										
1. Name and A	Address of Reporting	Person [*] 2 Is	suer Name an	d Ticker o	r Trad	ing	5. Relationship of I	Reporting Pers	on(s) to		
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Tradin SPICKSCHEN THORLEF Symbol					8	Issuer					
			vis Oncology	, Inc. [C	LVS	1					
(Last)	(First) (1		te of Earliest T	_		-	(Check	all applicable)		
(Lust)	(1131) (1		th/Day/Year)				_X_ Director10% Owner				
C/O CLOV	3/2015	2015			Officer (give title Other (specify						
	28TH STREET,					1	below)	below)			
100											
	Amendment, D	endment, Date Original			6. Individual or Joint/Group Filing(Check						
			(Month/Day/Yea					Applicable Line)			
Ecomo filad by M								One Reporting Person Iore than One Reporting			
BOULDER	R, CO 80301					-	Person		porting		
(City)	(State)	(Zip)	Table I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties A	equired (A)	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution Date,		omr Dispo			Securities Beneficially Owned	Ownership	Indirect		
(Instr. 3)		any (Month/Day/Yea	Code ar) (Instr. 8)	(Instr. 3,	4 and	5)			Beneficial Ownership		
		(Wionali Duy) i ce	(insu: 0)				Following	or Indirect	(Instr. 4)		
					(A)		Reported	(I)			
					or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
			Code V	Amount	(D)	Price	(mout o und t)				
Common	05/12/2015		c	1 200	D	\$ 85.0012	20.119	D			
Stock	05/13/2015		S	4,309	D	85.0012 (1)	30,118	D			
						(-)					

Reminder: Report on a separate line for each class of securities beneficially owned 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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
C/O CLOVIS ONCO 2525 28TH STREE	PICKSCHEN THORLEF //O CLOVIS ONCOLOGY, INC. 525 28TH STREET, SUITE 100 OULDER, CO 80301							
Signatures								
/s/ Thorlef Spickschen	05/15/20)15						
<u>**</u> Signature of Reporting Person	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).
- This transaction was executed in multiple trades at prices ranging from \$85.00 to \$85.04. The price reported above reflects the weighted
 (1) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

Remarks:

Exhibit List

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.