Edgar Filing: NOVAVAX INC - Form 4

| NOVAVAX | INC | | | | | | | | | | | |
|---|---|--|---|---|-----|--|-------|---|--|---|---|--|
| Form 4 | 7 | | | | | | | | | | | |
| May 11, 201 | | | | | | | | | | OMB AF | PROVAL | |
| | UNITED | STATES S | | | | ND EXC D.C. 205 | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box | | | | GES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Expires: January 31 2009 Estimated average burden hours per | | | |
| Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b). | Filed pura ns Section 17(a | | blic Ut | ility Hol | ldi | ing Com | pany | Act of | Act of 1934, 1935 or Section) | response | 0.5 | |
| (Print or Type I | Responses) | | | | | | | | | | | |
| PHILLIPS BARCLAY A Symbol | | | | r Name and Ticker or Trading VAX INC [NVAX] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (N | | | Earliest T | | - | • | | (Check | c all applicable |) | |
| | | | | Day/Year) 2017 | | | | | Director 10% Owner X_ Officer (give title Other (specify below) SVP, Chief Financial Officer | | | |
| | | | nendment, Date Original onth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| GAITHERS | BURG, MD 208 | 78 | | | | | | | Form filed by M Person | ore than One Re | porting | |
| (City) | (State) | (Zip) | Table | e I - Non- | De | erivative S | ecuri | ties Acqu | iired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution D any (Month/Day | ate, if | 3. Transacti Code (Instr. 8) Code V | ion | 4. Securiti (A) or Dis (Instr. 3, 4) Amount | posed | of (D) | 5. Amount of 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) | |
| Common Stock | 05/11/2017 | | | P | | | A | \$ 0.838 | 36,612 | 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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|--|--|---|--|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| PHILLIPS BARCLAY A C/O NOVAVAX, INC. 20 FIRSTFIELD ROAD GAITHERSBURG, MD 20878 | | | SVP, Chief Financial Officer | | | | | |
| Signatures | | | | | | | | |
| /s/ John A. Herrmann III, Attorney-in-Fact | | 05/11 | /2017 | | | | | |
| **Signature of Reporting Person | | Da | ite | | | | | |
| Explanation of Responses: | | | | | | | | |

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).

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.