Shacham Sharon Form 4 November 27, 2018

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

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

2. Issuer Name and Ticker or Trading

Karyopharm Therapeutics Inc.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

See Instruction 30(h) of the Investment Company Act of 1940

Symbol

[KPTI]

1(b).

(Print or Type Responses)

Shacham Sharon

1. Name and Address of Reporting Person *

(Last) C/O KARYO THERAPEU AVENUE	3. Date of Earliest Transaction (Month/Day/Year) 11/26/2018						Director 10% Owner Sofficer (give title Other (specify below) President & CSO					
NEWTON,	(Street) 4. If Amendment, D Filed(Month/Day/Yea DN, MA 02459						l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - Nor	ı-D	erivative :	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	e) Execution any	med n Date, if Day/Year)	Code (Instr. 8		4. Securi n(A) or Di (Instr. 3,	ispose	d of (D) 5) Price	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	11/26/2018			M <u>(1)</u>		9,600	A	\$ 4.752	521,743	I	By Spouse	
Common Stock	11/26/2018			S <u>(1)</u>		9,600	D	\$ 11	512,143	I	By Spouse	
Common Stock									713,510	D		
Common Stock									47,309	I	By GRAT	
									47,309	I		

Common Stock

By Spouse's GRAT (3)

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

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 4.752	11/26/2018		M(1)		9,600	<u>(4)</u>	09/02/2023	Common Stock	9,600

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Shacham Sharon

C/O KARYOPHARM THERAPEUTICS INC.

85 WELLS AVENUE

NEWTON, MA 02459

President & CSO

Signatures

/s/ Christopher B. Primiano, Attorney-in-Fact for Sharon Shacham

**Signature of Reporting Person

11/27/2018

Date

eporting Person

Reporting Owners 2

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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) These transactions were effected pursuant to a Rule 10b5-1 trading plan adopted by the spouse of the reporting person.
- (2) These shares are held by the Sharon Shacham 2016 Qualified Annuity Interest Trust.
- (3) These shares are held by the Michael G. Kauffman 2016 Qualified Annuity Interest Trust.
- (4) This option, representing a right to purchase a specified number of shares, vested as to 25% of the shares on September 3, 2014, and the remaining 75% vested in 36 equal monthly installments thereafter.

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.