Squarer Ron Form 4 April 03, 2018

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

Washington, D.C. 20549

January 31, Expires: 2005

Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

Squarer Ron

ARRAY BIOPHARMA INC [ARRY]

(Check all applicable)

CEO

(Last) (First) (Middle)

(State)

04/01/2018

3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner Officer (give title Other (specify below) below)

C/O ARRAY BIOPHARMA INC., 3200 WALNUT STREET

> (Street) 4. If Amendment, Date Original

04/01/2018

6. Individual or Joint/Group Filing(Check Applicable Line)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Filed(Month/Day/Year)

(Zip)

X Form filed by One Reporting Person Form filed by More than One Reporting

D

BOULDER, CO 80301

(City)

Common

Stock

1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securit on(A) or Dis		•	5. Amount of Securities	6. Ownership	7. Nature of Indirect
(Instr. 3)		any	Code	(Instr. 3, 4	and 5	5)	Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	(D) or	Ownership
		•					Following	Indirect (I)	(Instr. 4)
					(4)		Reported	(Instr. 4)	
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	04/01/2018		M	18,906 (1)	A	\$0	228,180 (2)	D	

16,605

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

F

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211,575

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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. Transactic Code (Instr. 8)	tionDerivative Securities		Expiration Date		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
Restricted Stock Units	\$ 0	04/01/2018		M		18,906	<u>(4)</u>	04/01/2020	Common Stock	18,906

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Squarer Ron							
C/O ARRAY BIOPHARMA INC. 3200 WALNUT STREET			CEO				

BOULDER, CO 80301

Signatures

Jason Haddock, attorney-in-fact for Ron 04/03/2018 Squarer

> **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).
- Shares issued upon settlement of Restricted Stock Units ("RSUs") granted by the Issuer on April 1, 2016 as a result of the vesting of one **(1)** fourth of such RSUs.
- Includes (i) 18,906 unvested Restricted Stock Units ("RSUs") awarded on April 1, 2015 to the reporting person for no additional cash consideration, each of which represent a contingent right to receive one share of Array BioPharma Inc. common stock and which were reported by the reporting person on Table I on a form 4 filed upon grant of the RSUs, and (ii) 18,906 shares of common stock issued upon the vesting of these RSU's on April 1, 2018.
- (3) Represents shares withheld to satisfy tax withholding obligations of the reporting person.
- (4) The remaining RSUs vest and will be settled in stock in two equal annual installments on April 1, 2019 and 2020.

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.

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