Edgar Filing: Clovis Oncology, Inc. - Form 4

Clovis Onc Form 4	ology, Inc.										
March 28, 2	2017										
FORM			CECU		ND EV			т	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer									January 31, 2005		
subject to STATEMENT OF CF Section 16. Form 4 or				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES tion 16(a) of the Securities Exchange Act of 1934,				Estimated burden ho response	average urs per		
obligati may co <i>See</i> Inst 1(b).	ntinue. Section 170	(a) of the l	Public U		ling Coi	npany Act	of 1935 or Sectio	on			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Rolfe Lindsey			2. Issuer Name and Ticker or Trading Symbol Clovis Oncology, Inc. [CLVS]			-	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (C				(Check			k all applicable)		
C/O CLOVIS ONCOLOGY, INC., 5500 FLATIRON PARKWAY, SUITE 100			(Month/Day/Year) 03/27/2017				Director 10% Owner X Officer (give title Other (specify below) See Remarks				
			4. If Amendment, Date Original Filed(Month/Day/Year)		ıl	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
BOULDE	R, CO 80301							More than One R			
(City)	(State)	(Zip)	Tab	ole I - Non-D	erivative	Securities A	cquired, Disposed o	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Transaction	Disposed (Instr. 3, 4	(A) or of (D)	Securities Elementicially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities benefi	cially ow	ned directly o	or indirectly.				
					inforr requi	nation cont red to respo ays a curre	spond to the collec ained in this form ond unless the for ntly valid OMB cou	are not m	SEC 1474 (9-02)		
	Tab			curities Acqu ls, warrants,			Beneficially Owned securities)				
1. Title of Derivative		ansaction Da th/Day/Year		Deemed ution Date, if	4. Transa	5. Numb ctiorDerivativ			7. Title and Amount of Underlying Securities		

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (or Dispose (D) (Instr. 3, 4 and 5)	ed of			(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 68.31	03/27/2017		A	20,000		<u>(1)</u>	03/27/2027	Common Stock	20,000
Restricted Stock Units	<u>(2)</u>	03/27/2017		А	10,000		(3)	(3)	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Rolfe Lindsey C/O CLOVIS ONCOLOGY, INC. 5500 FLATIRON PARKWAY, SUITE 100 BOULDER, CO 80301			See Remarks			
Clause structures						

Signatures

Reporting Person

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) The option shall vest as to 25% of the shares on March 1, 2018, and the remainder shall vest in substantially equal installments over the 36 months immediately following such date.
- (2) Each restricted stock unit represents the right to receive one share of Common Stock.
- (3) The restricted stock units shall vest as to 25% of the units on March 1, 2018, and the remainder shall vest in substantially equal installments over the 12 quarters immediately following such date.

Remarks:

Chief Medical Officer and Executive Vice President of Clinical and Preclinical Development and Pharmacovigilance

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.