Spark Therapeutics, Inc. Form 4 February 03, 2015

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16. Form 4 or

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 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

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obligations

may continue.

(Print or Type Responses)

1. Name and Address of Reporting Person \* Children's Hospital of Philadelphia Foundation

(Last)

1.Title of

Security

(Instr. 3)

(First)

(Middle)

2. Transaction Date 2A. Deemed

3737 MARKET STREET, SUITE 1300

(Street)

2. Issuer Name and Ticker or Trading Symbol

Spark Therapeutics, Inc. [ONCE]

3. Date of Earliest Transaction

(Month/Day/Year) 01/30/2015

4. If Amendment, Date Original

Filed(Month/Day/Year)

**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 Issuer

(Check all applicable)

Director 10% Owner Other (specify Officer (give title

below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

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

PHILADELPHIA, PA 19104

(City) (State) (Zip)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or

Execution Date, if Code (Month/Day/Year) (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

7. Nature of 6. Ownership Form: Direct Indirect (D) or Indirect Beneficial (I) (Instr. 4)

Ownership (Instr. 4)

(A) or Code V Amount (D) Price

Transaction(s) (Instr. 3 and 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8 **Underlying Securities** (Instr. 3 and 4)

### Edgar Filing: Spark Therapeutics, Inc. - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 23	01/30/2015		A			27,000	<u>(1)</u>	01/30/2025	Common Stock	27,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
reporting o viter runter runters	Director	10% Owner	Officer	Other		
Children's Hospital of Philadelphia Foundation 3737 MARKET STREET SUITE 1300 PHILADELPHIA, PA 19104		X				

# **Signatures**

Jeffrey D. Kahn, Attorney-In-Fact for Steven M. Altschuler, MD, Chief Executive Officer

02/03/2015

\*\*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 option was granted on January 30, 2015 to A. Lorris Betz, MD, Ph.D., a member of the Board of Trustees and Executive Committee (1) of the Reporting Person and a member of the Board of Directors of the Issuer. The option vests quarterly over four years. Dr. Betz holds this option for the benefit of the Reporting Person.

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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