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Form 4	ipeutics, inc.												
June 22, 201	лл									OMB AF	PROVAL		
Check th	UNITED	Washington, D.C. 20549											
if no lon subject t Section Form 4 of Form 5 obligatio may con <i>See</i> Instr 1(b).	ger o 16. or Filed put tinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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									January 31, 2005 verage rs per 0.5		
(Print or Type	Responses)												
Children's Hospital of Philadelphia Symbol				and then of the data					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 34TH STRI BOULEVA	EET & CIVIC CI	(f Earliest Day/Year) 2016		insaction		b	Director Officer (give t	X 10%			
				Ionth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
PHILADEI	LPHIA, PA 19104	4						_	Form filed by Mo erson	1 0			
(City)	(State)	(Zip)	Tab	le I - Non	-De	erivative Sec	curities	s Acqui	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	3. Transact Code (Instr. 8) Code V	ion (4. Securities 2 or Disposed of Instr. 3, 4 an Amount	of (D)	ed (A) 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	06/20/2016			S	1	1,000,000	D	\$ 42.3	6,768,707	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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						``
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
							Duit		of		
				Code V	(A) (D)				Shares		
Reno	rtina O	wners									

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Children's Hospital of Philadelphia Foundation 34TH STREET & CIVIC CENTER BOULEVARD PHILADELPHIA, PA 19104		Х					
Signatures							
Jeffrey D. Kahn, Executive Vice President and Genera Counsel	al	06/22/2016					
<u>**</u> Signature of Reporting Person		D	ate				

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.

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