Sarepta Therapeutics, Inc.

Form 4

March 03, 2015

# FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction 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 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Sarepta Therapeutics, Inc. [SRPT]

3. Date of Earliest Transaction

4. If Amendment, Date Original

(Month/Day/Year)

Filed(Month/Day/Year)

3.

02/27/2015

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \*

Mahatme Sandesh

(Last)

(First) (Middle)

215 FIRST STREET, SUITE 7

(Street)

CAMBRIDGE, MA 02142

(City) (State) (Zip)

1. Title of 2. Transaction Date 2A. Deemed Security (Instr. 3)

(Month/Day/Year)

Execution Date, if (Month/Day/Year)

Code

Symbol

Disposed of (D)

(Instr. 3, 4 and 5) (Instr. 8)

TransactionAcquired (A) or

4. Securities

Following Reported (A)

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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 Derivative Security

Conversion 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 Amor Underlying Secur (Instr. 3 and 4)

**OMB APPROVAL** OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner

X\_ Officer (give title Other (specify below) below)

Senior Vice President, CFO

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting

Person

5. Amount of

Securities

Owned

Beneficially

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

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

(Instr. 4) (Instr. 4)

SEC 1474

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	nstr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am Nui Sha
Incentive Stock Option (right to buy)	\$ 13.9	02/27/2015		A	6,136		<u>(1)</u>	02/27/2025	Common Stock	6
Non-Qualified Stock Option (right to buy)	\$ 13.9	02/27/2015		A	119,864		<u>(1)</u>	02/27/2025	Common Stock	11

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Mahatme Sandesh

215 FIRST STREET, SUITE 7 Senior Vice President, CFO

CAMBRIDGE, MA 02142

## **Signatures**

By: David Tyronne Howton For: Sandesh Mahatme 03/03/2015

\*\*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).
- 25% of the option granted vests and is exercisable on the first anniversary of the date of grant and 1/48th of the total granted option will vest and become exercisable on each monthly anniversary thereafter, such that the option will be fully vested and exercisable on the fourth anniversary of the date of grant.

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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