Edgar Filing: Spark Therapeutics, Inc. - Form 4

Spark Thera Form 4	peutics, Inc.										
May 23, 201	ЛЛ									APPROVAL	
	UNITEDS	FATES S		RITIES A shington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check the if no lon subject to Section Form 4 Form 5	CHANGES IN BENEFICIAL OWNER SECURITIES						Expires: Estimated burden ho response.	urs per			
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type	Responses)										
La Barge Joseph Symbol			Symbol	er Name and Ticker or Trading Therapeutics, Inc. [ONCE]				5. Relationship of Reporting Person(s) to Issuer			
			te of Earliest Transaction				(Check all applicable)				
			$(J, J) + \overline{J} $					Director X Officer (giv below)		% Owner her (specify	
Filed(Mc				mendment, Date Original /Ionth/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
Person											
(City) 1.Title of	(State) (Z 2. Transaction Date 2	-		le I - Non-I 3.	Derivative 4. Securit		-	uired, Disposed o 5. Amount of	f, or Beneficia	ally Owned 7. Nature of	
Security (Instr. 3)	(Month/Day/Year) E	Execution I any Month/Day	Date, if	Transactio Code		spose	d of (D)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect	
Common				Code V		(D)	Price	(Instr. 3 and 4)			
Stock	05/19/2016			М	7,500	А	\$ 3.45	12,825	D		
Common Stock	05/19/2016			S	7,500	D	\$ 46.87	5,325	D		
Common Stock	05/20/2016			М	2,500	А	\$ 3.45	7,825	D		
Common Stock	05/20/2016			S	2,500	D	\$ 50	5,325	D		
Common Stock								200	Ι	Held by Reporting Person's	

immediate
family
members

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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 (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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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
Employee Stock Option (right to buy)	\$ 3.45	05/19/2016		М	7,500	<u>(1)</u>	06/09/2024	Common Stock	7,500
Employee Stock Option (right to buy)	\$ 3.45	05/20/2016		М	2,500	(2)	07/01/2024	Common Stock	2,500

Reporting Owners

Reporting Owner Name / Address	Relationships					
I B	Director	10% Owner	Officer	Other		
La Barge Joseph 3737 MARKET STREET SUITE 1300 PHILADELPHIA, PA 19104			See remarks			

Signatures

/s/ Joseph W. La Barge

**Signature of

Reporting Person

05/23/2016

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).
- (1) 25% vested November 11, 2014 and the remainder vests in equal quarterly installments over the following three years.
- (2) 25% vested May 24, 2015 and the remainder vests in equal quarterly installments over the following three years.

Remarks:

General Counsel and Head of Business Administration

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.