Edgar Filing: ARATANA THERAPEUTICS, INC. - Form 4

ARATANA Form 4 January 17, 2	THERAPEUT 2017	ICS, INC.									
FORM 4 UNITED STATES SECUR Was Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue				CITIES AND EXCHANGE Constraints of the Securities Exchange (a) of the Securities Exchange (ility Holding Company Act of 1940)				NERSHIP OF e Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response	•	
1(b). (Print or Type F	Responses)										
St Peter Steven Symbol ARA				Issuer Name and Ticker or Trading nbol RATANA THERAPEUTICS, INC. ETX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date (Month				Date of Earliest Transaction onth/Day/Year) /13/2017				X Director 10% Owner X Officer (give title Other (specify below) below) PRESIDENT AND CEO			
				endment, Date Original onth/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)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securitie n(A) or Disp (Instr. 3, 4 a	osed o	of (D)	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	01/13/2017			Code V A	Amount 139,900	(D) A	Price \$ 0	(instr. 5 and 4) 682,693	D		
Common Stock								86,997	Ι	By LLC (1)	

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

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 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 of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		*		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
Stock Option (Right to Buy)	\$ 8.02	01/13/2017		А	185,000	(2)	01/12/2027	Common Stock	185,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
I Gran the second	Director	10% Owner	Officer	Other		
St Peter Steven C/O ARATANA THERAPEUTICS, INC. 11400 TOMAHAWK CREEK PARKWAY, SUITE 340 LEAWOOD, KS 66211	Х		PRESIDENT AND CEO			
Signatures						
/s/ John C. Ayres as Attorney-in-Fact for Steven St. Peter	01/17/2017					
**Signature of Reporting Person	1	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).
- Held in the name of Vie Venture LLC, a Delaware limited liability company ("Vie Venture"). The Reporting Person has sole voting and(1) dispositive power over the shares held by Vie Venture, but disclaims beneficial ownership of the shares held thereby except to the extent of his pecuniary interest therein.

Vests as to 25% of the total number of shares (rounded down to the nearest whole share) on January 29, 2018 and as to an additional 1/48th of the total number of shares (rounded down to the nearest whole share) on the same day of each of the 36 successive calendar

(2) In four of the total number of shares (rounded down to the nearest whole share) of the same day of each of the so successive calculat months thereafter, such that the stock option shall be vested as to all shares on January 29, 2021, subject to continued service with the Issuer through the applicable vesting dates.

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.