Edgar Filing: Flexion Therapeutics Inc - Form 4

Flexion Thera Form 4	ipeutics Inc										
January 22, 20	015										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								PROVAL 3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed purs Section 17(a	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							Expires:January 31Extimated averageburden hours perresponse0.3		
(Print or Type Re	esponses)										
Sofinnova Partners SAS Symbol			r Name and Ticker or Trading Therapeutics Inc [FLXN]				5. Relationship of Reporting Person(s) to Issuer				
16-18 RUE DE 4 SEPTEMBRE (Month/Da 10/29/20) (Street) 4. If Amen			e of Earliest Transaction h/Day/Year) – 9/2014 – b				Director	Officer (give title Other (specify			
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
PARIS, I0 75	5002						Form filed by M Person	Iore than One Re	eporting		
(City)	(State) (2	Zip) Table	e I - Non-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securiti n(A) or Dis (D) (Instr. 3, 4 Amount	posed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	10/29/2014		S	10,000	D	\$ 20	2,095,491	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	of Deri Secu Acq (A) Disp of (I (Ins	ivative urities uired or posed			Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	√ (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Sofinnova Partners SAS 16-18 RUE DE 4 SEPTEMBRE PARIS, I0 75002		Х						
Signatures								
By: /s/ Monique Saulnier, Manag	ing							
Partner	01/19/2015							
**Signature of Reporting Person		Da	ate					
Evaluation of Posnansas								

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.