Flexion Therapeutics Inc Form 3 February 11, 2014

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

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting

Person *

MILINAZZO ALAN

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

02/11/2014

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Flexion Therapeutics Inc [FLXN]

C/O FLEXION

THERAPEUTICS, INC., 10 MALL ROAD, SUITE 301

(Street)

4. Relationship of Reporting

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

10% Owner _X_ Director Officer _Other (give title below) (specify below)

6. Individual or Joint/Group

Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

BURLINGTON, MAÂ 01803

(State)

(City)

1. Title of Security (Instr. 4)

(Zip)

2. Amount of Securities

Beneficially Owned

(Instr. 4)

3. Ownership

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Form: Direct (D) or Indirect

(I)

(Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date**

(Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security

Price of

4.

5. Conversion or Exercise

6. Nature of Indirect Ownership Beneficial Ownership Form of Derivative

(Instr. 5)

(Instr. 4) Expiration

Exercisable Date Title

Amount or Number of Derivative Security

Security: Direct (D)

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Shares or Indirect (I) (Instr. 5) $\hat{A} \stackrel{(1)}{=} 05/19/2021 \stackrel{Common}{Stock} 18,450 \quad \$ \ 2.1951 \qquad D \qquad \hat{A}$

Reporting Owners

Reporting Owner Name / Address $\frac{\text{Relationships}}{\text{Director}} \times \frac{10\%}{\text{Owner}} \times \frac{10\%}{\text{Owner}} \times \frac{10\%}{\text{Other}} \times \frac{10\%}{\text{Owner}} \times \frac{$

Signatures

/s/ Lisa Davidson, Attorney-in-Fact 02/11/2014

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) 1/4 of the shares subject to the option vest one year after May 20, 2011, with 1/48th of the shares vesting monthly thereafter over the next 3 years.

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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