Edgar Filing: Flexion Therapeutics Inc - Form 4

Flexion Therapeutics Inc Form 4 September 14, 2016

OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Stejbach Mark			Symbol		5. Relationshi Issuer	5. Relationship of Reporting Person(s) to Issuer				
				on Therapeutics Inc [FLXN]	(0	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date	3. Date of Earliest Transaction						
			(Month/	/Day/Year)	_X_ Director	· 10	% Owner			
C/O FLEXION THERAPEUTICS,			09/13/2	/2016		give title Of	her (specify			
INC., 10 MALL ROAD, SUITE 301					below)	below)				
(Street)			4. If Am	nendment, Date Original	6. Individual o	6. Individual or Joint/Group Filing(Check				
			Filed(Me	Ionth/Day/Year)	Applicable Line _X_ Form filed	e) by One Reporting I	Person			
BURLINGTON, MA 01803				Form filed Person	by More than One I	Reporting				
(City)	(State)	(Zip)	Tal	ble I - Non-Derivative Securities A	cquired, Dispose	ed of, or Benefici	ally Owned			
1.Title of	2. Transaction Dat	te 2A. Deen	ned	3. 4. Securities	5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year)) Execution	n Date, if	TransactionAcquired (A) or	Securities	Form: Direct	Indirect			

1.110001	2. ITalisaction Date	ZA. Deemeu	5.		4. Securit	105		J. Amount of	0. Ownership	7. Ivature or
Security	(Month/Day/Year)	Execution Date, if	TransactionAcquired (A) or			r	Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code		Disposed	of (D))	Beneficially	(D) or Indirect	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	and a	5)	Owned	(I)	Ownership
								Following	(Instr. 4)	(Instr. 4)
						()		Reported		
						(A)		Transaction(s)		
			C 1	x 7		or	р.	(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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

(Instr. 3)	Price of Derivative Security	(Month/Day/Y	Year) (Instr	r. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 15.87	09/13/2016	А		25,000		<u>(1)</u>	09/12/2026	Common Stock	25,000

Reporting Owners

		nships		
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Stejbach Mark C/O FLEXION THERAPEUTICS, INC. 10 MALL ROAD, SUITE 301 BURLINGTON, MA 01803	X			
Signatures				
/s/ Jonathan H. Mahlowitz, Attorney-in-Fact	09	/14/2016		
**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).
- (1) One-third of the shares subject to the option will vest on September 13, 2017 and the balance of the shares will vest in a series of 24 equal monthly installments thereafter.

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.

(