

Aeglea BioTherapeutics, Inc.
 Form 3
 April 06, 2016

FORM 3 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 * Â Novartis Bioventures Ltd (Last) (First) (Middle) 131 FRONT STREET (Street) HAMILTON,Â D0Â HM12 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/06/2016	3. Issuer Name and Ticker or Trading Symbol Aeglea BioTherapeutics, Inc. [AGLE]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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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) Date Exercisable Expiration Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title Amount or Number of Shares	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Series A Preferred Stock	Â (1)	Â (1)	Common Stock	890,476	\$ 0 (1)	D (2)	Â
Series B Preferred Stock	Â (1)	Â (1)	Common Stock	1,120,448	\$ 0 (1)	D (2)	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Novartis Bioventures Ltd 131 FRONT STREET HAMILTON,Â D0Â HM12	Â	Â X	Â	Â
NOVARTIS AG LICHTSTRASSE 35 BASEL,Â V8Â CH 4056	Â	Â X	Â	Â

Signatures

/s/ Michael Jones, Deputy Chairman	04/06/2016
__Signature of Reporting Person	Date
/s/ Laurieann Chaikowsky, Authorized Signatory	04/06/2016
__Signature of Reporting Person	Date
/s/ Michael Jones, Authorized Signatory on behalf of Novartis AG	04/06/2016
__Signature of Reporting Person	Date
/s/ Laurieann Chaikowsky, Authorized Signatory on behalf of Novartis AG	04/06/2016
__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).

Each share of Series A Preferred Stock and Series B Preferred Stock will be automatically converted into one (1) share of Common (1) Stock, for no additional consideration, immediately prior to the consummation of the Issuer's initial public offering, and has no expiration date.

(2) These securities are held directly by Novartis Bioventures Ltd. ("Novartis Bioventures"). Novartis Bioventures is a corporation organized under the laws of Bermuda and is an indirect wholly-owned subsidiary of Novartis AG. Novartis AG is a corporation organized under the laws of Switzerland and is the publicly owned parent of Novartis Bioventures Ltd.

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.