Edgar Filing: CHIMERIX INC - Form 4

CHIMEDIN INC

Form 4											
April 16, 201	_								OMB AF	PROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 or	ger STATEN 6.								Expires: January 31 2009 Estimated average burden hours per		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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								0.5			
(Print or Type F	Responses)										
A.M. Pappas Life Science Ventures Sym			Symbol	Issuer Name and Ticker or Trading nbol HIMERIX INC [CMRX]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N			Earliest Tra				(Checl	k all applicable)	
			(Month/Day/Year) 04/16/2013					Director 10% Owner Officer (give titleX Other (specify below) below) Stockholder			
			endment, Date Original nth/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person 					
RESEARCH PARK,, NC	H TRIANGLE 27709							_X_ Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deem (Month/Day/Year) Execution any (Month/Da		Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) ay/Year) (Instr. 8)			of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		G	
Common Stock	04/16/2013			С	892,591	А	<u>(1)</u>	1,047,535 <u>(3)</u>	Ι	See Footnote (2)	

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)

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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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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
Series F Preferred Stock	<u>(1)</u>	04/16/2012		С		3,168,706	<u>(1)</u>	<u>(1)</u>	Common Stock	892,591

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
A.M. Pappas Life Science Ventures IV LP P.O. BOX 110287 RESEARCH TRIANGLE PARK,, NC 27709				Stockholder			
PV IV CEO Fund, L.P. P.O. BOX 110287 RESEARCH TRIANGLE PARK,, NC 277709				Stockholder			
A.M. Pappas Life Science Ventures III, L.P. P.O. BOX 110287 RESEARCH TRIANGLE PARK,, NC 277709				Stockholder			
PV III CEO Fund, L.P. P.O. BOX 110287 RESEARCH TRIANGLE PARK,, NC 277709				Stockholder			
Signatures							

: See Signatures Included in Exhibit 99.2

Signature of Reporting Person

Date

04/16/2013

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) Upon the closing of the Issuer's initial public offering, every 3.55 shares of Series F Preferred Stock automatically converted into 1 share of Common Stock for no additional consideration and had no expiration date.

(2) See attached Exhibit 99.1.

(3) Includes 154,944 shares issued as payment of accrued dividends on the Series F Preferred Stock.

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.