Edgar Filing: NOVAVAX INC - Form 4

NOVAVAX	INC											
Form 4												
August 26, 20												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL					
	UNIII			hington,			UGL		OMB Number:	3235-0287		
Check this				g,	210120				Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OW				NERSHIP OF		2005		
Section 16	б.	SECURITIES						Estimated average burden hours per				
Form 4 or									response	•		
Form 5 obligation	0	^					-	ge Act of 1934,				
may contin	nue. Section			•	•	- ·		f 1935 or Sectio	n			
See Instruc	ction	30(n)) of the Inv	vestment	Company	y Act	01 19	40				
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker of Symbol Glenn Gregory M NOVAVAX INC [NVA				Ticker or 7					son(s) to			
								Issuer				
				AX INC	[NVAX]		(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction									
				Ionth/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
C/O NOVAVAX, INC., 20 08/24 FIRSTFIELD ROAD				24/2015				below) below)				
TIKSTTILLI	JIOAD							SVP, Rese	arch and Devel	opment		
				Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(M				d(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
GAITHERSI	BURG MD	20878							More than One R			
GATTILIO	DORO, MD	20070						Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction	emed 3. 4. Securities					5. Amount of	6. Ownership 7. Na	7. Nature of			
Security	(Month/Day/Y		on Date, if TransactionAcquired (A) or Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)						Form: Direct	Indirect		
(Instr. 3)		any (Month						Beneficially Owned	(_)	Beneficial Ownership		
		(intointii	<i>(Du)</i>	(1, 1, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or		(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	````				
Common Stock	08/24/2015			G	1,100	D	\$0	58	D			
STOCK												

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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Glenn Gregory M									
C/O NOVAVAX, INC.			SVP, Research						
20 FIRSTFIELD ROAD			and Development						
GAITHERSBURG, MD 20878									
Signatures									
/s/ John A. Herrmann III, Attorney-in-Fact		08/26/2015							
**Signature of Reporting Person		Date							
Explanation of Responses:									

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.