## Revance Therapeutics, Inc. Form 3 July 06, 2016 UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB APPROVAL** FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005 **SECURITIES** Estimated average burden hours per Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 0.5 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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement Revance Therapeutics, Inc. [RVNC] Gangolli Julian S (Month/Day/Year) 07/01/2016 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O REVANCE (Check all applicable) THERAPEUTICS, INC., 7555 GATEWAY BOULEVARD 10% Owner \_X\_ Director (Street) Officer \_ Other 6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person NEWARK. CAÂ 94560 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial Beneficially Owned Ownership Ownership (Instr. 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Form:

Direct (D) or Indirect (I) (Instr. 5)

(Instr. 5)

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

(Instr. 4)

| 1. Title of Derivative Security<br>(Instr. 4) | Derivative Security 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) |                        | 4.<br>Conversion<br>or Exercise<br>Price of | 5.<br>Ownership<br>Form of<br>Derivative | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---|--|--------------------|--|------------------------|---|--|---|
|   | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount or<br>Number of | Derivative<br>Security                      | Security:<br>Direct (D)                  |   |

Shares

or Indirect (I) (Instr. 5)

## **Reporting Owners**

| Reporting Owner Name / Address   |          | Relationships |         |       |  |  |  |  |  |
|--|----------|---------------|---------|-------|--|--|--|--|--|
|  | Director | 10% Owner     | Officer | Other |  |  |  |  |  |
| Gangolli Julian S<br>C/O REVANCE THERAPEUTICS, INC<br>7555 GATEWAY BOULEVARD<br>NEWARK, CA 94560 | C. ÂX    | Â             | Â       | Â     |  |  |  |  |  |
| Signatures   |          |               |         |       |  |  |  |  |  |
| /s/ Gordon Ho, 07/06<br>Attorney-in-fact   | 5/2016   |               |         |       |  |  |  |  |  |
| **Signature of Reporting Person  | ate      |               |         |       |  |  |  |  |  |
| Explanation of Responses:  |          |               |         |       |  |  |  |  |  |

## No securities are beneficially owned

- \* 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).

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.