Epizyme, Inc. Form 3 May 30, 2013

(Print or Type Responses)

## 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** 

30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement Epizyme, Inc. [EPZM] A Amgen Ventures LLC (Month/Day/Year) 05/30/2013 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) ONE AMGEN CENTER (Check all applicable) DRIVE,Â (Street) 6. Individual or Joint/Group \_X\_\_ 10% Owner Director Officer \_ Other Filing(Check Applicable Line) (give title below) (specify below) Form filed by One Reporting Person **THOUSAND** \_X\_ Form filed by More than One OAKS. CAÂ 91320-1799 Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership (Instr. 4) Ownership (Instr. 5) (Instr. 4) Form: Direct (D) or Indirect (I) (Instr. 5) Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not

information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date		Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect	

(Instr. 5)

Series B Preferred Stock  $\hat{A} \stackrel{(1)}{=} \hat{A} \stackrel{(1)}{=} Stock 317,460 \qquad \$ \stackrel{(1)}{=} D \stackrel{(2)}{=} \stackrel{(3)}{=} \hat{A}$ 

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b>FG</b>	Director	10% Owner	Officer	Othe		
Amgen Ventures LLC ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799	Â	ÂX	Â	Â		
AMGEN INC ONE AMGEN CENTER DRIVE THOUSAND OAKS Â CAÂ 91320-1799	Â	ÂX	Â	Â		

## **Signatures**

/s/ David J. Scott, Senior Vice President, General Counsel and Secretary on behalf of Amgen Ventures LLC and Amgen Inc.

05/30/2013

\*\*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 B preferred stock is convertible at the option of the holder into 1/3rd of a share of common stock without payment of further consideration and will automatically convert into 1/3rd of a share of common stock upon the closing of the Issuer's initial public offering without payment of further consideration. The shares have no expiration date.
- These shares are owned directly by Amgen Ventures LLC, a wholly-owned subsidiary of Amgen Inc. (Amgen), and Amgen has the

  (2) power to vote, acquire, hold and dispose of all shares. Amgen disclaims beneficial ownership of the securities except to the extent of its pecuniary interest therein.
- 10% beneficial ownership is calculated in accordance with SEC rules based on the number of shares of the Issuer's common stock outstanding on the date hereof and the conversion of only the reporting person's shares of preferred stock. Upon the closing of the Issuer's initial public offering, the shares held by the reporting persons will represent less than 10% beneficial ownership of the outstanding shares of common 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.

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