Edgar Filing: AERIE PHARMACEUTICALS INC - Form 4

| AERIE PHAI Form 4 April 14, 201 | RMACEUTICAL 5 | S INC | | | | | | | | | |
|---|---|---|--|--|---|----------|---|--|--------------------------------|--|--|
| FORM | Δ | | | | | | | OMB APPROVAL | | | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | |
| Check this if no longe subject to | er STATEM | STATEMENT OF CHANGES IN 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 a 30(h) of the Investment Company Act of 1940 | | | | | | | January 31, 2005 average | | |
| Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | Filed purs s Section 17(a ction | | | | | | | | ırs per 0.5 | | |
| 1. Name and Ac GRYSKA D | r Name and Ticker or Trading PHARMACEUTICALS INC | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | (Month/D | | | insaction | | | X_Director10% Owner Officer (give titleOther (specify below) below) | | | | |
| | (Street) | treet) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| IRVINE, CA | 92614 | | | | | | Form filed by M Person | More than One Re | eporting | | |
| (City) | (State) (Z | (State) (Zip) Table I - Non-Derivative Securities Acqui | | | | | | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | 3. Transactio Code (Instr. 8) Code V | 4. Securit onAcquired Disposed (Instr. 3, | ties l (A) o l of (D | or)) | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | - | | |
| Common Stock | 04/10/2015 | | А | 1,700 (1) | A | \$0 | 1,700 | D | | | |

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)

| 1. Title of Derivative Security (Instr. 3) | ve Conversion (Month/Day/Year) or Exercise | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number of Derivative 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) | | 8 C S (1 | |
|--|---|------------|---|--|--|--|--------------------|---|-------------------------------------|-------------------|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Stock Option (right to buy) | \$ 32.3 | 04/10/2015 | | A | 10,000 | (2) | 04/10/2025 | Common Stock | 10,000 | | |
| Reporting Owners | | | | | | | | | | | |
| Reporting Owner Name / Address | | | | Relationships | | | | | | | |
| | | | Director | 10% Owne | r Officer (| Other | | | | | |
| GRYSKA DAVID W C/O AERIE PHARMACEUTICALS, INC., 2030 MAIN STREET, SUITE 1500 IRVINE, CA 92614 | | | | | | | | | | | |
| Signa | tures | | | | | | | | | | |
| /s/ Richard J. Rubino, Attorney-in-Fact for David W. Gryska | | | | 04/14/2015 | | | | | | | |

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**Signature of Reporting Person

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).
- Subject to the reporting person's continued service on the board of directors of the issuer through the vesting date, these shares of (1) Common Stock are scheduled to vest on April 9, 2016.
- Subject to the reporting person's continued service on the board of directors of the issuer through the applicable vesting date, this option is (2)scheduled to vest ratably on each of the first 12 monthly anniversaries of April 10, 2015.

Date

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.