Edgar Filing: ARENA PHARMACEUTICALS INC - Form 4

ARENA PHARMACEUTICALS INC

Form 4

February 14, 2017

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person *

NEIL GARRY ARTHUR

2. Issuer Name and Ticker or Trading

Symbol

ARENA PHARMACEUTICALS

INC [ARNA]

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

(Last)

(First)

(Middle)

3. Date of Earliest Transaction (Month/Day/Year)

02/13/2017

X_ Director 10% Owner Officer (give title Other (specify

C/O ARENA PHARMACEUTICALS, INC., 6154

NANCY RIDGE DRIVE

(Street)

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 Form filed by More than One Reporting

SAN DIEGO, CA 92121

(City)

(State)

(Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

3. Code (Month/Day/Year)

4. Securities TransactionAcquired (A) or Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (Instr. 4)

Ownership (Instr. 4)

(A)

Code V Amount (D) Price

Transaction(s) (Instr. 3 and 4)

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

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(9-02)

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. Transact Code (Instr. 8)	* `	rivative Expiratio curities (Month/E quired (A) Disposed of) str. 3, 4,			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
Employee Stock Option (right to buy)	\$ 1.46	02/13/2017		A	75,000		<u>(1)</u>	02/13/2024	Common Stock	75,000
Employee Stock Option (right to buy)	\$ 1.46	02/13/2017		A	41,666		<u>(2)</u>	02/13/2024	Common Stock	41,666

Reporting Owners

Reporting Owner Name / Address	Relationships					
. 8	Director	10% Owner	Officer	Other		
NEIL GARRY ARTHUR						
C/O ARENA PHARMACEUTICALS, INC.	X					
6154 NANCY RIDGE DRIVE	Λ					
SAN DIEGO, CA 92121						

Signatures

Steven W. Spector, as Attorney-in-Fact 02/14/2017

**Signature of Reporting Person Date

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).
- The options vest over one year with one twelfth vesting on March 13, 2017, and the remainder of the shares vesting monthly over the following eleven months in equal installments (except as otherwise necessary to avoid vesting of a fractional share), and are exercisable once vested.
- The options vest over four months with 25% vesting on March 13, 2017, and the remainder of the shares vesting monthly over the following three months in equal installments (except as otherwise necessary to avoid vesting of a fractional share), and are exercisable once vested.

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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