## Edgar Filing: JEFFS ROGER - Form 4

JEFFS ROGER												
Form 4												
April 17, 2019	_											
FORM 4	4 UNITED	STATES	ES SECURITIES AND EXCHANGE COMMISSION						OMB APPROVAL			
Washington, D.C. 20549							N OMB Number:	3235-0287				
	Check this box if no longer							Expires:	January 31,			
subject to	STATEN	MENT O	NT OF CHANGES IN BENEFICIAL OWNERSHIP OF						2005 average			
Section 16. Form 4 or		SECURITIE						burden ho	urs per			
Form 5	Filed put	rsuant to	Section	16(a) of th	e Securiti	es Excha	nge Act of 1934,	response.	. 0.5			
obligations may continue	Section 17(	(a) of the	Public U	Jtility Hold	ding Com	pany Act	of 1935 or Secti					
See Instruction		30(h)	of the I	nvestment	Company	Act of 1	940					
1(b).												
(Print or Type Resp	ponses)											
1. Name and Address of Reporting Person <sup>*</sup>			2. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to					
JEFFS ROGEF	ł		Symbol				Issuer					
			Axova	nt Science	s Ltd. [A)	KGT]	(Ch	eck all applicab	all applicable)			
(Last)	(First) (	Middle)		of Earliest Tr	ransaction							
C/O AXOVAN	JT GENE		(Month/ 04/15/2	Day/Year)			X Director Officer (gi		% Owner her (specify			
THERAPIES I		ES	04/13/2	2019			below)	below)				
SQUARE, 33R												
	(Street)			endment, Da	ate Original		6. Individual or Joint/Group Filing(Check					
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
NEW YORK,	NV 10036							More than One F				
NEW TORK,	NI 10030						Person					
(City)	(State)	(Zip)	Tab	ole I - Non-D	Derivative S	ecurities A	cquired, Disposed	of, or Beneficia	ally Owned			
	Fransaction Date				4. Securitie		5. Amount of	6. Ownership	7. Nature of			
Security (Mo (Instr. 3)	onth/Day/Year)	Execution any	Date, if	Transaction Code	nAcquired (A Disposed of		Securities Beneficially	Form: Direct (D) or Indirect	Indirect Beneficial			
(11150.5)			ay/Year)	(Instr. 8)	-	· · ·	Owned	(I)	Ownership			
							Following	(Instr. 4)	(Instr. 4)			
					(	A)	Reported Transaction(s)					
				Code V		or D) Price	(Instr. 3 and 4)					
				code v	Amount (	D) Thee						
Reminder: Report	on a separate line	e for each c	lass of sec	urities benef	•	•	•					
						Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)						
							ond unless the fo		() ()2)			
							ntly valid OMB co	ontrol				
					numbe	•						
	Tab						Beneficially Owne	d				
		(e.g.,	, puts, call	ls, warrants	, options, co	onvertible	securities)					
1. Title of 2.	3. Trans	saction Date	e 3A. Dee	emed	4.	5. Number	of 6. Date Exer	cisable and	7. Title and Amount of			

Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative

Underlying Securities

Expiration Date

## Edgar Filing: JEFFS ROGER - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	3)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 1.06	04/15/2019		А		255,000		(1)	04/14/2029	Common Stock	255,000

## **Reporting Owners**

Reporting Owner Name / AddressRelationshipDirector10% OwnerOfficerOtherJEFFS ROGER<br/>C/O AXOVANT GENE THERAPIES LTD.<br/>11 TIMES SQUARE, 33RD FLOOR<br/>NEW YORK, NY 10036XXXXXSignaturess<br/>Attorney-in-Fact04/17/2019VVVVV

## **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).

100% of this option will vest on April 15, 2020, subject to the Reporting Person providing continuous service to the Issuer on such date.
(1) The option allows for early exercise, subject to the Issuer's repurchase option with respect to any unvested common shares. All common shares underlying the option will become fully vested upon a change in control, as that term is defined in the Issuer's 2015 Equity

Incentive Plan. 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.