Edgar Filing: AVEO PHARMACEUTICALS INC - Form 4

AVEO PHARMACEUTICALS INC

Form 4 October 04, 2013

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person *

Slichenmyer William

Symbol

AVEO PHARMACEUTICALS INC

[AVEO]

(Last) (First) (Middle)

C/O AVEO PHARMACEUTICALS, INC., 75 SIDNEY STREET

(Street)

CAMBRIDGE, MA 02139

2. Transaction Date 2A. Deemed

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading

Issuer

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

10/02/2013

4. If Amendment, Date Original

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Director

Applicable Line)

below)

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

X_ Officer (give title

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

(Check all applicable)

Chief Medical Officer

6. Individual or Joint/Group Filing(Check

(D) or

D

Indirect (I)

(Instr. 4)

10% Owner

6. Ownership 7. Nature of

Beneficial

Ownership

(Instr. 4)

SEC 1474

(9-02)

Form: Direct Indirect

Other (specify

Estimated average

burden hours per

(City) (State) (Zip)

> 4. Securities Acquired 5. Amount of 3. (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Code (D) (Month/Day/Year)

(Instr. 3, 4 and 5) (Instr. 8)

(A)

or

Following Reported Transaction(s) (Instr. 3 and 4)

Securities

Owned

Beneficially

Code V Price Amount (D)

Common Stock

1. Title of

Security

(Instr. 3)

10/02/2013

 $D^{(1)}$

56,300 D

\$0

43,743

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)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	te Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
					Date		Expiration	n or Title Num			
						Date					
						Exercisable Date	Date				
				C = V	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Slichenmyer William C/O AVEO PHARMACEUTICALS, INC. 75 SIDNEY STREET CAMBRIDGE, MA 02139

Chief Medical Officer

Signatures

/s/ Joseph D. Vittiglio, attorney-in-fact

10/04/2013

Date

**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).
- Shares underlying such disposition to the issuer were forfeited by the reporting person pursuant to the terms of two awards of restricted stock granted to the reporting person on January 31, 2012 and January 24, 2013 in connection with the determination of the issuer's Compensation Committee that certain specified strategic performance objectives were not met.

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.

Reporting Owners 2