Edgar Filing: ROBINSON LOWELL W - Form 4

ROBINSO	N LOWELL W											
Form 4												
May 22, 20	18											
FORM 4 UNITED STATES SEC						~~~	NGE			PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							N OMB Number:	3235-0287				
Check t	his box		wa	sington	, D.C. 20	547			Expires:	January 31,		
if no loi		AENT OF (CHANGES IN BENEFICIAL OWNERSHIP OF							2005		
subject Section	10			SECURITIES					Estimated	Estimated average burden hours per		
Form 4			Sheemines						response 0.5			
Form 5	Filed put	rsuant to Sec	ction 1	6(a) of th	•							
obligati may cor				•	•	· ·	•	of 1935 or Secti	on			
See Inst		30(h) of	the Ir	vestment	Compar	ny Ac	ct of 1	940				
1(b).												
(Drint or Tuno	Desponses)											
(Print or Type	(Kesponses)											
1. Name and	Address of Reporting	Person *	2 Issue	r Name an d	Ticker or	Tradi	na	5. Relationship	of Reporting Per	rson(s) to		
ROBINSON LOWELL W S			2. Issuer Name and Ticker or Trading Symbol ARATANA THERAPEUTICS, INC. [PETX]				115	Issuer				
							S, INC					
								(Check all applicable)				
(Last)	(First) (Middle) 3.	3. Date of Earliest Transaction					X_ Director 10% Owner				
(N			(Month/Day/Year)			Officer (giv below)	ner (specify					
	TANA THERAPE		5/18/2	018				below)	below)			
	0 TOMAHAWK	CREEK										
PARKWA	Y, SUITE 340											
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
LEAWOO	D, KS 66211							Form filed by	More than One R			
LLIIIIOO	D, KO 00211							Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	rities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed		3.	4. Securit	ies		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)				Securities	Form: Direct	Indirect		
(Instr. 3)								Beneficially Owned	(D) or Indirect (I)	Ownership		
		(j,		((,		- /	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or	-	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price					
Reminder: Re	port on a separate line	e for each class	of secu	urities benef	ficially ow	ned di	rectly c	or indirectly.				
					-		-	nond to the colle	oction of	SEC 1474		

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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 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. 5. Number of Transactio-Derivative Code Securities (Instr. 8) 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 5.34	05/18/2018		A	30,000	<u>(1)</u>	05/17/2028	Common Stock	30,000

Reporting Owners

S

Person

Reporting Owner Name / Address			Relationships					
Toporting	Director	10% Owner	Officer	Other				
ROBINSON LOWELL W C/O ARATANA THERAPEUTICS, INC. 11400 TOMAHAWK CREEK PARKWAY, SUITE 340 LEAWOOD, KS 66211								
Signatures								
/s/ Lowell W. Robinson	05/22/2018							
**Signature of Reporting	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).
- Vests in four equal installments on each of the first four anniversaries of the grant date, subject to continued service to the Issuer through (1) the applicable vesting dates.

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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