Edgar Filing: ChemoCentryx, Inc. - Form 4

ChemoCent Form 4 July 02, 202	•										
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check t if no lor							Expires:	January 31, 2005			
subject Section Form 4	to STATE 16.	F CHAI		BENEF RITIES	ICIA	AL OWN	ERSHIP OF	Estimated a burden hour response	ed average hours per		
Form 5 obligations may continue. See Instruction 1(b). 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. Name and Address of Reporting Person <u>*</u> KANAYA SUSAN M			2. Issuer Name and Ticker or Trading Symbol ChemoCentryx, Inc. [CCXI]				0	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction				(Check all applicable)		
C/O CHEMOCENTRYX, INC., 850 MAUDE AVENUE			(Month/Day/Year) 06/28/2013					Director 10% Owner X Officer (give title Other (specify below) below) SVP, Finance, CFO and Sec.			
			4. If Amendment, Date Original Filed(Month/Day/Year)				1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MOUNTA					Ī	Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if			Code (Instr. 3, 4 and 5)) (Instr. 8)) 5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	06/28/2013			М	36,942	А	\$ 2	36,942	D		
Common Stock	06/28/2013			S <u>(1)</u>	36,942	D	\$ 14.3105 (2)	0	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.

Edgar Filing: ChemoCentryx, Inc. - Form 4

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of orDerivative 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (right to buy)	\$ 2	06/28/2013		М	36,942	02/09/2006 <u>(3)</u>	02/09/2016	Common Stock	36,9

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
KANAYA SUSAN M C/O CHEMOCENTRYX, INC. 850 MAUDE AVENUE MOUNTAIN VIEW, CA 94043			SVP, Finance, CFO and Sec.				
Signatures							

/s/ Susan M. Kanaya **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).
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- Reflects the weighted average sale price of the shares sold. The shares were sold in multiple trades at prices ranging from \$14.27 to(2) \$14.35 per share. The Reporting Person will provide to the SEC staff, the issuer or a security holder of the issuer, upon request, full information regarding the number of shares sold at each separate price.
- (3) As of June 28, 2013 and prior to this transaction, the option fully vested.
- (4) Not applicable.

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.