ChemoCentryx, Inc. Form 4 March 09, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

SECURITIES

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).

(City)

(Instr. 3)

1. Name and Address of Reporting Person * Cappel Markus J.

2. Issuer Name and Ticker or Trading Symbol

ChemoCentryx, Inc. [CCXI]

(First) (Middle) (Last) 3. Date of Earliest Transaction

(Zip)

(Month/Day/Year) 03/07/2016

C/O CHEMOCENTRYX, INC., 850 MAUDE AVENUE

> (Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

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

Chief Bus. Officer & Treasurer

6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

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

MOUNTAIN VIEW, CA 94043

(State) 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year)

3. Execution Date, if Code (Month/Day/Year)

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

5. Amount of Securities Beneficially Owned Following Reported

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

(A) Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of

Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	or Dispos (D)	(Instr. 3, 4,				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	(1)	03/07/2016		A	25,000		(2)	(2)	Common Stock	25,000
Stock Option (right to buy)	\$ 3.57	03/07/2016		A	65,000		<u>(4)</u>	03/07/2026	Common Stock	65,000

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Cappel Markus J. C/O CHEMOCENTRYX, INC. 850 MAUDE AVENUE

MOUNTAIN VIEW, CA 94043

Chief Bus. Officer & Treasurer

Signatures

/s/ Susan M. Kanaya, as
Attorney-in-Fact
03/09/2016

**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) Each restricted stock unit represents a contingent right to receive one share of CCXI common stock.
- The restricted stock units vest in three equal installments on January 1, 2017, January 1, 2018, and January 1, 2019, subject to the Reporting Person's continued employment or service relationship with the Issuer on each such vesting date. Vested shares will be delivered to the Reporting Person within thirty (30) days following the vesting date.
- (3) Not applicable.

The option was granted on March 7, 2016. 25% of the total number of shares of common stock subject to the option will vest on January (4) 1, 2017, and 1/48th of the total number of shares of common stock subject to the option will vest monthly thereafter, subject to the

Reporting Person's continued employment or service relationship with the Issuer on each such vesting date.

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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