Edgar Filing: ChemoCentryx, Inc. - Form 4

ChemoCent	ryx, Inc.											
Form 4												
May 12, 20	16											
FORM	Λ4				NGE COMMISS		OMB A	PPROVAL				
	SION	OMB Number:	3235-02	287								
Check t								January 3				
if no lor subject Section	to SIAIEN	MENT OF CH		N BENEFICIA RITIES	L OWNERSHIP	OF	Expires: 200 Estimated average burden hours per		105			
Form 4	or						response		0.5			
may con	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 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 SINGH RA	Address of Reporting	Symb	ol	nd Ticker or Tradin	g 5. Relations Issuer	5. Relationship of Reporting Person(s) to Issuer						
		Cher	noCentryx,	Inc. [CCXI]		(Check all applicable)						
(Last)	(First) (A	Middle) 3. Dat	e of Earliest									
C/O CHEN MAUDE A	10CENTRYX, IN VENUE		h/Day/Year) 9/2016		Direct X Office below)	er (give		% Owner her (specify				
	(Street)	4. If <i>A</i>	mendment, I	Date Original	6. Individua	6. Individual or Joint/Group Filing(Check						
			Month/Day/Ye		Applicable Line)							
MOUNTA	IN VIEW, CA 94	043					ne Reporting P ore than One R					
$(\mathbf{C};\mathbf{t}_{n})$		(7:-)										
(City)	(State)	(Zip) T	able I - Non-	Derivative Securi	ties Acquired, Dispo	osed of,	or Beneficia	lly Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	Code	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)	5. Amount of Securities Beneficially) Owned Following Reported Transaction(s)	Fo (I (I) (I)	Ownership orm: Direct)) or Indirect) nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
			Code V	Amount (D)	(Instr. 3 and 4))						
Reminder: Re	port on a separate line	e for each class of s	ecurities bene	eficially owned dire	ectly or indirectly.							
				information required to	o respond to the c contained in this respond unless th currently valid OMI	form a le form	nre not n	SEC 1474 (9-02)				

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

1

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A Disposed o (Instr. 3, 4, 5)	f (D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 2.1	05/09/2016		А		180,000		(1)	05/09/2026	Common Stock	180,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SINGH RAJINDER C/O CHEMOCENTRYX, INC. 850 MAUDE AVENUE MOUNTAIN VIEW, CA 94043			SVP, Research					
Signatures								
/s/ Susan M. Kanaya, as Attorney-in-Fact		05/12/2	016					

<u>**</u>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).

The option was granted on May 9, 2016. 25% of the total number of shares of common stock subject to the option will vest on May 2,
 (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.

(2) 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.