Edgar Filing: Pinion John Richard - Form 4

Pinion John	Richard											
Form 4												
April 23, 201	9											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	PROVAL		
UNITED STATES SECURITIES AND EACHANGE COMMISSION								OMB	3235-0287			
Check thi	is box		Was	shington,	D.C. 20	549			Number:	January 31,		
if no longer								Expires:	2005			
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated average				
Section 16. SECURITIES Form 4 or								burden hou				
Form 5		report to S	ection 1	6(a) of the	- Securit	iac F	vehang	e Act of 1934,	response	0.5		
obligation	¹⁸ Section 17						-	1935 or Section	h			
may cont	inue.			vestment	•	· ·			1			
<i>See</i> Instru 1(b).	iction	50(11)	or the m	vestment	compun	<i>y</i> 110		0				
-(-).												
(Print or Type F	Responses)											
		- *										
1. Name and Address of Reporting Person * 2. Issuer N Pinion John Richard Symbol					Ticker or	Tradir	ng	5. Relationship of Reporting Person(s) to Issuer				
PIIIIOII JOIIII					100401							
· · ·				nyx Pharmaceutical Inc.				(Check all applicable)				
			[RARE]									
(Last)	(First)	(Middle)		Earliest Tr	ansaction			Director X Officer (give		Owner er (specify		
	CENNY			Day/Year)				below) below)				
C/O ULTRA	EUTICAL INC	60	04/19/20)19				Se	ee Remarks			
LEVERONI		., 00										
LEVERON												
	(Street)			nendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon				th/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person				
NOVATO,	CA 9/9/9							Form filed by M				
NOVA10, 4								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat	te 2A. Deen	ned	3.	4. Securi	ties Ad	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year) Execution	n Date, if						Form: Direct			
(Instr. 3)		any (Month/E	Nov/Voor)	Code (Instr. 3, 4 and 5)				•		Beneficial Ownership		
		(Monul/L	ay/rear)	(Instr. 8)				Following	(Instr. 4)	(Instr. 4)		
						(\mathbf{A})		Reported	(,			
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common	04/19/2019			F	248 <u>(1)</u>	D	\$	36,718 <u>(2)</u>	D			
Stock	0111712017			1	240 ()	D	64.43	50,710 <u>··</u>	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.

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

Derivative C Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	Securities Acquired (A) or Disposed of (D)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
Dement			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title N of	lumber		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Pinion John Richard C/O ULTRAGENYX PHARMACEU 60 LEVERONI COURT NOVATO, CA 94949	TICAL INC.			See Remarks				
Signatures								
/s/ Karah Parschauer, attorney-in-fact	04/23/201	19						
**Signature of Reporting Person	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).
- (1) Represents shares surrendered to the Issuer by the Reporting Person to pay required tax withholdings due to the vesting of RSUs.
- Includes previously reported shares of common stock underlying RSUs granted to the Reporting Person, which are subject to certain (2) vesting conditions.

Remarks:

EVP of Translational Sciences and Chief Quality Officer

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.