

Epizyme, Inc.
Form 3
May 30, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 *

Amgen Ventures LLC

(Last) (First) (Middle)

ONE AMGEN CENTER DRIVE, A

(Street)

THOUSAND OAKS, CA 91320-1799

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)

05/30/2013

3. Issuer Name and Ticker or Trading Symbol
Epizyme, Inc. [EPZM]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer Other
(give title below) (specify below)

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable Expiration Date Title Amount or Number of Shares

(Instr. 5)

Series B Preferred Stock	Â (1)	Â (1)	Common Stock	317,460	\$ (1)	D (2) (3)	Â
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Amgen Ventures LLC ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799	Â	Â X	Â	Â
AMGEN INC ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799	Â	Â X	Â	Â

Signatures

/s/ David J. Scott, Senior Vice President, General Counsel and Secretary on behalf of Amgen Ventures LLC and Amgen Inc.

05/30/2013

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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 share of Series B preferred stock is convertible at the option of the holder into 1/3rd of a share of common stock without payment of further consideration and will automatically convert into 1/3rd of a share of common stock upon the closing of the Issuer's initial public offering without payment of further consideration. The shares have no expiration date.
 - (2) These shares are owned directly by Amgen Ventures LLC, a wholly-owned subsidiary of Amgen Inc. (Amgen), and Amgen has the power to vote, acquire, hold and dispose of all shares. Amgen disclaims beneficial ownership of the securities except to the extent of its pecuniary interest therein.
 - (3) 10% beneficial ownership is calculated in accordance with SEC rules based on the number of shares of the Issuer's common stock outstanding on the date hereof and the conversion of only the reporting person's shares of preferred stock. Upon the closing of the Issuer's initial public offering, the shares held by the reporting persons will represent less than 10% beneficial ownership of the outstanding shares of common stock.

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.