

JOHNSON DAVID LEE

Form 3

March 14, 2018

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

OMB APPROVAL

OMB
Number: 3235-0104Expires: January 31,
2005Estimated average
burden hours per
response... 0.5**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 *

Â JOHNSON DAVID LEE

(Last)

(First)

(Middle)

2. Date of Event Requiring
Statement

(Month/Day/Year)

03/13/2018

3. Issuer Name **and** Ticker or Trading Symbol

Global Blood Therapeutics, Inc. [GBT]

4. Relationship of Reporting
Person(s) to Issuer5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

☐ Director ☐ 10% Owner☒ Officer ☐ Other

(give title below) (specify below)

Chief Commercial Officer

C/O GLOBAL BLOOD
THERAPEUTICS, INC.,Â 171
OYSTER POINT BLVD, SUITE
300

(Street)

SOUTH SAN
FRANCISCO,Â CAÂ 94080

(City)

(State)

(Zip)

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
Derivative5. Ownership
Form of
Derivative
Security:6. Nature of Indirect
Beneficial Ownership
(Instr. 5)

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Restricted Stock Units	Â (1)	Â (1)	Common Stock	35,000 (2)	\$ 0	D	Â
Stock Option (Right to Buy)	Â (3)	03/11/2028	Common Stock	55,000	\$ 54.05	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
JOHNSON DAVID LEE C/O GLOBAL BLOOD THERAPEUTICS, INC. 171 OYSTER POINT BLVD, SUITE 300 SOUTH SAN FRANCISCO, CA 94080	Â	Â	Â Chief Commercial Officer	Â

Signatures

/s/ David Lee
Johnson

03/14/2018

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 restricted stock unit represents a contingent right to receive one share of GBT common stock.

(2) The Restricted Stock Units shall vest with respect to 1/4th of the underlying shares on April 1, 2019. Thereafter, 1/6th of the remaining underlying shares shall vest on a semi-annual basis (every six months) until fully vested on April 1, 2022, subject to the Reporting Person's continuous service with the Issuer. The Restricted Stock Units are subject to accelerated vesting upon termination without cause or resignation for good reason after a change of control of the Issuer.

(3) The Stock Option becomes exercisable with respect to 1/4th of the underlying shares on March 12, 2019 and with respect to an additional 1/12th of the underlying shares each quarter thereafter until fully vested on March 12, 2022, subject to the Reporting Person's continuous service with the Issuer. The Stock Option is subject to accelerated vesting upon termination without cause or resignation for good reason after a change of control of the Issuer.

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.