Aeglea BioTherapeutics, Inc.

Form 4

May 19, 2016

# FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction 1(b).

STATEMENT OF CHANGES IN 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

2. Issuer Name and Ticker or Trading

Aeglea BioTherapeutics, Inc.

3. Date of Earliest Transaction

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Rojas-Caro Sandra

(Last)

(First) (Middle)

C/O AEGLEA BIOTHERAPEUTICS, INC., 901 S. MOPAC EXPRESSWAY, SUITE

250

(Street)

4. If Amendment, Date Original

(Month/Day/Year)

05/17/2016

Symbol

[AGLE]

Filed(Month/Day/Year)

(State)

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

5. Amount of

Securities

Following

Owned

Beneficially

Issuer

below)

Director

Applicable Line)

X\_ Officer (give title

1.Title of 2. Transaction Date 2A. Deemed Security

**AUSTIN, TX 78746** 

(City)

(Instr. 3)

(Month/Day/Year) Execution Date, if any

(Zip)

Code (Month/Day/Year) (Instr. 8)

3. 4. Securities TransactionAcquired (A) or Disposed of (D)

(Instr. 3, 4 and 5)

Reported (A) Transaction(s) or (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.

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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)

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

(Check all applicable)

Chief Medical Officer

6. Individual or Joint/Group Filing(Check

6. Ownership

Form: Direct

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(I)

(Instr. 4)

response... 0.5

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

(D) or Indirect Beneficial

#### Edgar Filing: Aeglea BioTherapeutics, Inc. - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) of Disposed of (I (Instr. 3, 4, and 5)	))	Date	7. Title and a Underlying S (Instr. 3 and	Securities
				Code V	(A) (I	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option	\$ 7.28	05/17/2016		A	200,000	<u>(1)</u>	05/16/2026	Common Stock	200,00

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Rojas-Caro Sandra C/O AEGLEA BIOTHERAPEUTICS, INC. 901 S. MOPAC EXPRESSWAY, SUITE 250 AUSTIN, TX 78746

Chief Medical Officer

## **Signatures**

/s/ Charles N. York II, by power of attorney

05/19/2016

\*\*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).

The stock option vests and becomes exercisable as to 1/4th of the shares subject to the option on May 17, 2017, and thereafter vests as to (1) 1/48th of the shares in equal monthly installments, until such time as the option is 100% vested, subject to the continuing employment of the Reporting Person on each 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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