## Edgar Filing: Akebia Therapeutics, Inc. - Form 4

| Akebia The<br>Form 4<br>April 04, 20                                   | rapeutics, Inc.                      |                    |                                 |  |   |   |  |  |   |   |  |
|--|--------------------------------------|--------------------|---------------------------------|--|---|---|--|--|---|---|--|
|  | ЛЛ                                   |                    |                                 |  |   |   |  |  | OMB AF  | PROVAL  |  |
|  |                                      |                    |                                 |  | RITIES AND EXCHANGE COM<br>shington, D.C. 20549 |   |  |  | OMB<br>Number:  | 3235-0287   |  |
| Check th<br>if no lon  | der                                  |                    |                                 |  |   |   |  |  | Expires:  | January 31,<br>2005   |  |
| subject to STATEMENT OF CHAN   |                                      |                    |                                 | IGES IN BENEFICIAL OWN   |   |   |  | NERSHIP OF   | Estimated average   |   |  |
| Section<br>Form 4 of   |                                      |                    |                                 |  |   |   |  | burden hour<br>response  | -   |   |  |
| Form 5   | -                                    |                    |                                 |  |   |   | -  | e Act of 1934,   |   | 0.0   |  |
| obligation<br>may con  |                                      |                    |                                 | •  | •   | -   | •  | 1935 or Section  | 1   |   |  |
| <i>See</i> Instr<br>1(b).  | ruction                              | 30(n)              | ) of the Ir                     | ivestment  | Compai  | ny Ao                                     | ct of 1940   | 0  |   |   |  |
| 1(0).  |                                      |                    |                                 |  |   |   |  |  |   |   |  |
| (Print or Type   | Responses)                           |                    |                                 |  |   |   |  |  |   |   |  |
| 1. Name and Address of Reporting Person _2. IssueHadas Nicole R.Symbol |                                      |                    |                                 |  |   |   |  | 5. Relationship of Reporting Person(s) to Issuer                             |   |   |  |
|  |                                      |                    | -                               | a Therapeutics, Inc. [AKBA]  |   |   |  |  |   |   |  |
| (Last)   | (First)                              | (Middle)           | 3. Date o                       | f Earliest T   | ransaction                                      |   |  | (Check   | c all applicable  | )   |  |
|  |                                      |                    | /Day/Year)                      |  |   |   | Director 10% Owner<br>Officer (give title Other (specify |  |   |   |  |
| C/O AKEBIA THERAPEUTICS, 04/03/2<br>INC., 245 FIRST STREET             |                                      |                    |                                 | 2017   |   |   |  | below) below)<br>SVP, General Counsel, Sec.                                  |   |   |  |
| (Street) 4. If Ame   |                                      |                    | endment, Date Original          |  |   | 6. Individual or Joint/Group Filing(Check |  |  |   |   |  |
| Filed(Mo   |                                      |                    |                                 | fonth/Day/Year)  |   |   |  | Applicable Line)<br>_X_ Form filed by One Reporting Person                   |   |   |  |
| CAMBRID  | OGE, MA 02142                        |                    |                                 |  |   |   |  | Form filed by M<br>Person  |   |   |  |
| (City)   | (State)                              | (Zip)              | Tab                             | le I - Non-l   | Derivative                                      | Secu                                      | rities Acqu  | iired, Disposed of,  | or Beneficiall  | y Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)                                   | 2. Transaction Da<br>(Month/Day/Year | r) Executio<br>any | med<br>on Date, if<br>Day/Year) | 3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8) |   |   | d of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |                                      |                    |                                 | Code V   | Amount  | (A)<br>or<br>(D)                          | Price  | Transaction(s)<br>(Instr. 3 and 4)   | (msu. 4)  |   |  |
| Common<br>Stock  | 04/03/2017                           |                    |                                 | S  | 1,556<br>(1)                                    | D   | \$<br>9.1775   | 109,856  | 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)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) |         | Number Expiration Date<br>of (Month/Day/Year<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, |                    | 7. Title :<br>Amount<br>Underly<br>Securitic<br>(Instr. 3 | it of<br>ying<br>ies                   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---------|--|--------------------|---|--|---|--|
| Repo  | rting C   | )wners                                  |   | Code V                                 | (A) (D) | Date<br>Exercisable  | Expiration<br>Date | o<br>Title N<br>o   | Amount<br>or<br>Number<br>of<br>Shares |   |  |

| <b>Reporting Owner Name / Address</b>   | Relationships |          |                            |       |  |  |  |
|---|---------------|----------|----------------------------|-------|--|--|--|
| F   | Director      | 10% Owne | r Officer                  | Other |  |  |  |
| Hadas Nicole R.<br>C/O AKEBIA THERAPEUTICS, INC.<br>245 FIRST STREET<br>CAMBRIDGE, MA 02142 |               |          | SVP, General Counsel, Sec. |       |  |  |  |
| Signatures  |               |          |                            |       |  |  |  |
| John P. Butler, Attorney-in-Fact for Nice<br>Hadas  | ole R.        | 0        | 4/04/2017                  |       |  |  |  |

<u>\*\*</u>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).

Shares sold by reporting person to pay taxes in connection with the vesting of restricted stock pursuant to a December 23, 2013 award.(1) Twenty-five percent of the shares vested on December 2, 2014, and the remaining shares vest in equal quarterly installments through October 1, 2017.

Date

The price reported is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$9.15 to \$9.24,
 inclusive. The reporting person undertakes to provide Issuer, any security holder of Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each price within the range set forth in this footnote.

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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