Collins Helen Louise Form 3/A May 02, 2019

## FORM 3

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

**OMB APPROVAL** 

**OMB** Number:

3235-0104

Expires:

January 31, 2005

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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 \*

À Collins Helen Louise

111 OYSTER POINT

**BOULEVARD** 

(Last)

(First)

(Street)

(Middle)

Statement

(Month/Day/Year)

03/20/2017

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

FIVE PRIME THERAPEUTICS INC [FPRX]

4. Relationship of Reporting

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year) 03/22/2017

(Check all applicable)

SVP and Chief Medical Officer

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

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person

Form filed by More than One

Reporting Person

**SOUTH SAN** FRANCISCO. CAÂ 94080

1. Title of Security

(City)

(Instr. 4)

(State)

(Zip)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

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

Direct (D) or Indirect (I) (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

5. Ownership Form of Derivative

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

Date Exercisable

Expiration Date

Title

Amount or Number of Shares

Derivative Security

Security: Direct (D) or Indirect (I)

1

(Instr. 5)

Employee Stock Option (right to buy)  $\frac{(1)}{(1)}$   $\hat{A}$   $\frac{(2)}{(2)}$  06/26/2026  $\frac{Common}{Stock}$  60,000 \$ 37.89 D  $\hat{A}$ 

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Collins Helen Louise

111 OYSTER POINT BOULEVARD SVP and Chief Medical Officer SOUTH SAN FRANCISCO, CAÂ 94080

## **Signatures**

/s/ Francis Sarena, Attorney-in-Fact 05/02/2019

\*\*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).
- This transaction was previously reported in the reporting person's original Form 3 filed with the Securities and Exchange Commission (the "SEC") on March 22, 2017, as amended by the reporting person's Form 3/A filed with the SEC on February 28, 2018 (the "Original Form 3"). This transaction is not new or revised, but is being reported again such that the system does not, by default, indicate that "no securities are beneficially owned" by the reporting person.
- One fourth (1/4) of the shares underlying this option vested on June 20, 2017, and the remainder of the shares underlying this option vest at a rate of one forth-eighth (1/48) per month thereafter, provided the reporting person provides services to Five Prime Therapeutics, Inc. through each such date.

#### Â

#### **Remarks:**

This amendment is being filed to attach the reporting person's Power of Attorney, which was inadv

#### Exhibit List: Exhibit 24 - Power of Attorney

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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