| Dermira, In Form 4 August 03, | 2016 | | | | | | | | | OMB | APPROVAL | |
|--|--|-----------------|--------|--------------------------|--|---------------------|------------------------|-----------------------|--|--|---|--|
| FORM | VI 4 _{UNITED} | STATES | S SECU | RITIF | ES A | AND EX | СНА | NGE (| COMMISSION | - | - | |
| Check t | his box | | Wa | ashing | ton | , D.C. 20 | 549 | | | Number: | 3235-0287 | |
| if no lor subject Section Form 4 Form 5 obligati | F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange A Public Utility Holding Company Act of 1 | | | | | | e Act of 1934, | burden he response | • | | | |
| may con <i>See</i> Inst 1(b). | nunue. | | | • | | Compar | · · | • | | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| | Address of Reporting S THOMAS G | Person <u>*</u> | Symbol | | | l Ticker or FRM1 | Tradi | ng | 5. Relationship of Issuer | f Reporting P | erson(s) to | |
| (Last) | Dermira, Inc. [DERM] 3. Date of Earliest Transaction | | | | | | (Check all applicable) | | | | | |
| (Last) (First) (Middle) 3. Date (Month C/O DERMIRA, INC.,, 275 08/01/ MIDDLEFIELD ROAD, SUITE 150 | | | | | ar) | | | | Director 10% Owner Officer (give title Other (specify below) CEO & Chairman of the Board | | | |
| | | | | | ² Amendment, Date Original d(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| MENLO P | PARK, CA 94025 | | | | | | | | Person | Aore than One | Reporting | |
| (City) | (State) | (Zip) | Tal | ole I - N | lon-l | Derivative | Secur | rities Acq | uired, Disposed o | f, or Benefic | ially Owned | |
| 1.Title of Security (Instr. 3) | rity (Month/Day/Year) Execution Date, if | | | Code (Instr. 3, 4 and 5) | | | | l of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | V | Amount | (D) | Price | (msu: 5 and +) | | By the | |
| Common Stock | 08/01/2016 | | | S <u>(1)</u> | | 10,700 | D | \$ 33.21 (2) | 182,480 | I | Wiggans Living Trust dated 5/14/02 (3) | |
| Common Stock | 08/01/2016 | | | S <u>(1)</u> | | 300 | D | \$ 32.62 (4) | 182,180 | I | By the Wiggans Living Trust dated 5/14/02 (3) | |
| Common Stock | 07/26/2016 | | | G <u>(5)</u> | V | 2,000 | D | \$ 0 | 180,180 | Ι | By the Wiggans | |

| Edgar Filing: | Dermira, | Inc Form 4 | |
|---------------|----------|------------|--|
|---------------|----------|------------|--|

| | | | | | | | | Livin dated 5/14/ | | |
|---|---|---|---|--|---|---|-------------------|---|---|---|
| Common Stock | 07/26/20 | 16 | G <u>(6)</u> V | 2,000 | D \$0 | 178,180 | Ι | By th Wigg Livin dated 5/14/ | ans g Trust | |
| Common Stock | | | | | | 8,620 | Ι | Giftin | nda ans ocable ng dated | |
| Common Stock | | | | | | 8,620 | I | Giftin | beth ans ocable ng dated | |
| Common Stock | | | | | | 3,512 | D <u>(8</u> | 3) | | |
| Reminder: R | eport on a sep | parate line for each cla | uss of securities benef | ficially own | ed directly | or indirectly. | | | | |
| | | | | inform require | ation con ed to resp ys a curre | spond to the co tained in this fo ond unless the ently valid OMB | orm are i form | | | |
| | | | ative Securities Acq puts, calls, warrants | | | | ned | | | |
| 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. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | r) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
| | | | | | | | | Amount | | |

| | | | | Date Exercisable | Expiration Date | Title | or Number of |
|------|---|-----|-----|---------------------|--------------------|-------|--------------------|
| Code | V | (A) | (D) | | | | Shares |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-----------------------------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| WIGGANS THOMAS G C/O DERMIRA, INC., 275 MIDDLEFIELD ROAD, SUITE 150 MENLO PARK, CA 94025 | | | CEO & Chairman of the Board | | | | |
| Signatures | | | | | | | |
| /s/ Andrew L. Guggenhime, by power of attorney | | 08/02/20 | 16 | | | | |
| **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).
- (1) These trades were made pursuant to a Rule 10b5-1 trading plan.

This transaction was executed in multiple trades at prices ranging from \$32.65 to \$33.64. The price reported above reflects the weighted(2) average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

(3) The Reporting Person is a Co-Trustee.

This transaction was executed in multiple trades at prices ranging from \$32.61 to \$32.63. The price reported above reflects the weighted(4) average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the

- issuer full information regarding the number of shares and prices at which the transaction was effected.
- (5) Shares were gifted to the KU Endowment Association.
- (6) Shares were gifted to Schwab Charitable fund.
- (7) The Reporting Person has no voting or dispositive power over the shares held by the trust.
- (8) These shares represent prior ESPP purchases.

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.