

Wise Bart W
Form 3
June 26, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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 * Wise Bart W (Last) (First) (Middle) C/O DICERNA PHARMACEUTICALS, INC., 87 CAMBRIDGE PARK DRIVE (Street) CAMBRIDGE, MA 02140 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/21/2018	3. Issuer Name and Ticker or Trading Symbol Dicerna Pharmaceuticals Inc [DRNA]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ☐ Director ☐ 10% Owner ☒ Officer ☐ Other (give title below) (specify below) SVP, Legal Affairs	5. If Amendment, Date Original Filed (Month/Day/Year)
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)
Common Stock	5,647	D	

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	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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			(Instr. 4)		Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee Stock Option (right to buy)	Â (1)	12/31/2025	Common Stock	75,000	\$ 11.87	D	Â
Employee Stock Option (right to buy)	Â (2)	01/08/2026	Common Stock	5,890	\$ 9.09	D	Â
Employee Stock Option (right to buy)	Â (3)	01/03/2027	Common Stock	37,500	\$ 2.97	D	Â
Employee Stock Option (right to buy)	Â (4)	01/04/2028	Common Stock	37,500	\$ 9.3	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Wise Bart W C/O DICERNA PHARMACEUTICALS, INC. 87 CAMBRIDGE PARK DRIVE CAMBRIDGE, MA 02140	Â	Â	Â SVP, Legal Affairs	Â

Signatures

/s/ John B. Green,
attorney-in-fact

06/26/2018

__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) This option vested 25% on October 6, 2016, and the remaining 75% vests in 36 monthly installments thereafter, subject in each case to the reporting person's continued service with the issuer through the applicable vesting date.
- (2) The option vests in 48 monthly installments over the four-year period which commenced on the last day of January 2016, subject in each case to the reporting person's continued service with the issuer through the applicable vesting date.
- (3) The option vests in 48 monthly installments over the four-year period which commenced on the last day of January 2017, subject in each case to the reporting person's continued service with the issuer through the applicable vesting date.
- (4) The option vests in 48 monthly installments over the four-year period which commenced on the last day of January 2018, subject in each case to the reporting person's continued service with the issuer through the applicable vesting date.

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Remarks:

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.