Edgar Filing: CYTOKINETICS INC - Form 4

| CYTOKINETICS INC Form 4 January 04, 2017 | | | | | | | |
|---|---|--|---|---|--|--|--|
| FORM 4 UNITED Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | Simple3235-0287Number:January 31, 2005Expires:2005Estimated average burden hours per response0.5 | | | | | | |
| (Print or Type Responses) | | | | | | | |
| 1. Name and Address of Reporting HENDERSON JOHN T | Symbo | uer Name and Ticker or Trading l DKINETICS INC [CYTK] | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (1 280 EAST GRAND AVENU | (Month | e of Earliest Transaction n/Day/Year) /2017 | (Check all applicable) <u>X</u> Director <u>Officer (give title</u> 10% Owner <u>Director</u> Other (specify below) | | | | |
| (Street) SOUTH SAN FRANCISCO, CA 94080 | 4. If Ai Filed(N | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) | (Zip) Te | able I - Non-Derivative Securition | os Acquirad Disposad of | or Ropoficially Owned | | | |
| 1.Title of Security (Month/Day/Year) (Instr. 3) | 2A. Deemed Execution Date, if any | 3. 4. Securities | 5. Amount of 6 Securities F Beneficially (Owned (Following (Reported Transaction(s) (Instr. 3 and 4) | Ownership7. Nature ofTorm: DirectIndirectD) or IndirectBeneficialD)OwnershipInstr. 4)(Instr. 4) | | | |
| Reminder: Report on a separate line | e for each class of se | Persons who information c required to re | tly or indirectly. respond to the collec ontained in this form spond unless the forr rrently valid OMB con | are not (9-02) n | | | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number | 6. Date Exercisable and | 7. Title and Ame |
|-------------|-------------|---------------------|--------------------|------------|-----------------|-------------------------|------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onof Derivative | Expiration Date | Underlying Secu |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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| (Instr. 3) | Price of Derivative Security | | (Mont | h/Day/Year) | (Instr. 8 | | Acquired (A) or Disposed (D) (Instr. 3, and 5) | l of | | | | |
|---|------------------------------------|------------|---------------|-------------|-----------|----|---|------|------------------|--------------------|-----------------|--------------------------|
| | | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | A or N of Sl |
| Non-Qualified Stock Option (right to buy) | \$ 12.4 | 01/03/2017 | | | А | | 8,064 | | 02/03/2017(1) | 01/03/2027 | Common Stock | 8 |
| Reporting | g Owne | rs | | | | | | | | | | |
| Reporting Ow | Owner Name / A | ddress | Relationships | | | | | | | | | |
| | | | Director | 10% Owner | Office | er | Other | | | | | |

HENDERSON JOHN T 280 EAST GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080

Signatures

By: Sharon A. Barbari For: John T. Henderson

**Signature of Reporting Person

01/04/2017 Date

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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) This option shall vest and become exercisable as to 8,064 shares divided into equal monthly installments such that the option shall be 100% vested on January 3, 2018.
- (2) This option was issued to the reporting person pursuant to the Cytokinetics 2004 Equity Incentive Plan in lieu of an annual retainer of \$40,000.00.

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.