### Edgar Filing: IVERS-READ GILLIAN C - Form 4

	EAD GILLIAN C									
Form 4 March 05,	2012									
	NЛ Л								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							N OMB Number:	3235-0287		
Check this box if no longer STLATED (EDUC) OF CHANCES IN DEDUCTAL OWNER							Expires:	January 31, 2005		
In the folger       STATEMENT OF CHANGES IN BENEFIC:         subject to       Section 16.         Section 16.       SECURITIES         Form 4 or       Filed pursuant to Section 16(a) of the Securities						Estimated burden hou response	average urs per			
-	tions	(a) of the l	Public U		ding Cor	npany A	ct of 1935 or Secti			
(Print or Typ	pe Responses)									
1. Name and Address of Reporting Person <u>*</u> IVERS-READ GILLIAN C			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
				Oncology	_	LVSJ	(Che	eck all applicabl	e)	
(Last) (First) (Middle) C/O CLOVIS ONCOLOGY,			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2012				Director 10% Owner X_ Officer (give title Other (specify			
	25 28TH STREET,		05/01/	2012			below)	below) EE REMARKS		
			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
BOULDE	ER, CO 80301						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tal	ole I - Non-I	Derivative	Securities	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	Disposed	(A) or of (D)	Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount		(Instr. 3 and 4)			
Reminder: F	Report on a separate line	e for each cl	ass of sec	urities benef	ficially ow	ned directly	y or indirectly.			
					inforn requii	nation co red to res ays a curr	espond to the colle ntained in this forn pond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab						or Beneficially Owned e securities)	d		

1. Title of2.3. Transaction Date3A. Deemed4.5. Number of6. Date Exercisable and7. Title and Amount of8DerivativeConversion(Month/Day/Year)Execution Date, ifTransactionDerivativeExpiration DateUnderlying SecuritiesExpiration

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (. or Dispose (D) (Instr. 3, 4, and 5)	d of	(Month/Day/	Year)	(Instr. 3 and	4)	S (1	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Stock Option (right to buy)	\$ 24.74	03/01/2012		А	50,000		<u>(1)</u>	03/01/2022	Common Stock	50,000		
Repo	rting Ow	vners										
Reporti	ng Owner Name	e / Address		Relationshi	ps							
-	-		Director 10% Own	er Office	r		Other					
IVERS-READ GILLIAN C C/O CLOVIS ONCOLOGY, INC. 2525 28TH STREET, SUITE 100			SEE	REMARK	S							

## **Signatures**

BOULDER, CO 80301

/s/ Gillian C. Ivers-Read	03/05/2012			
<u>**</u> 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).

The option is immediately exercisable as to both vested and unvested shares. The option shall vest as to 25% of the shares on March 1, 2013 and the remainder shall vest in substantially equal installments over the 36 months immediately following such date. To the extent

(1) 2015 and the remainder shall vest in substantially equal instantients over the 56 months initial date, for the external the reporting person exercises the option as to unvested shares, the reporting person will receive restricted shares that will vest in accordance with the vesting schedule for the option.

### **Remarks:**

### Executive Vice President of Technical Operations and Chief Regulatory Officer

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.