## Edgar Filing: Kindred Biosciences, Inc. - Form 4

Kindred Bios	ciences, Inc.										
Form 4 December 13	2013										
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin See Instrue 1(b).	<b>4</b> UNITE box <b>Solution</b> <b>STATE</b> <b>STATE</b> <b>STATE</b> <b>STATE</b> <b>STATE</b> <b>STATE</b> <b>STATE</b> <b>STATE</b>	EMENT O pursuant to 7(a) of the	Was F CHAN Section 16	hington, GES IN I SECUR 6(a) of the ility Hold	D.C. 205 BENEFI ITIES e Securiti ling Com	549 CIAI es Ex pany	L OW schang Act o	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectic 40	OMB Number: Expires: Estimated a burden hou response	irs per	
(Print or Type R	esponses)										
Townsend Raymond Symbol Kindred (Last) (First) (Middle) 3. Date of			Symbol Kindred 3. Date of	uer Name <b>and</b> Ticker or Trading l ed Biosciences, Inc. [KIN] of Earliest Transaction //Day/Year)				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) XDirector10% Owner			
C/O KINDR INC.	ED BIOSCIEI	NCES,	12/11/20	•				Officer (give below)		er (specify	
				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BURLINGA	ME, CA 9401	0						Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Executi any	emed on Date, if /Day/Year)	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) o 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)	
Common Stock	12/12/2013			Р	3,000 (1)	А	\$ 7	3,000	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Acquired, Disposed of, or Beneficially Owned

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

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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerce Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy) $(2)$	\$ 7	12/11/2013		А	20,000	<u>(3)</u>	12/11/2023	Common Stock	20,000

## Edgar Filing: Kindred Biosciences, Inc. - Form 4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Townsend Raymond C/O KINDRED BIOSCIENCES, INC. BURLINGAME, CA 94010	Х					
Signatures						
/s/ Raymond						

/s/ Raymond Townsend	12/13/2013		
<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).
- (1) These shares were purchased through a directed share program in connection with the Issuer's initial public offering.
- (2) Granted pursuant to the Issuer's 2012 Equity Incentive Plan.
- (3) 5,000 of the shares subject to the option will vest on December 11, 2014, with the remaining shares vesting in equal monthly installments over the ensuing 36 months, subject to the Reporting Person's continuous service as a director.

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.