## Edgar Filing: GLAXOSMITHKLINE PLC - Form 4

GLAXOSMITHE Form 4	KLINE PLC										
January 15, 2019											
FORM 4									PPROVAL		
	RITIES A		N OMB Number:	3235-0287							
Check this box if no longer subject to Section 16. Form 4 or	CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES					Estimated burden hou response	urs per				
Form 5 obligations may continue. See Instruction 1(b).	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										
(Print or Type Respo	nses)										
1. Name and Address of Reporting Person <u>*</u> GLAXOSMITHKLINE PLC			2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer					
			Principia Biopharma Inc. [PRNB]				(Check all applicable)				
(Last) (First) (Middle) 980 GREAT WEST ROAD			3. Date of Earliest Transaction (Month/Day/Year) 09/13/2018			Director    X 10% Owner       Officer (give title     Other (specify       below)     below)					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
BRENTFORD MIDDLESEX, X	K0 TW8 9GS	5					Person		epoteng		
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date hth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially 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	or (D) Price	(Instr. 3 and 4)				
Reminder: Report on	n a separate line	for each cla	ass of sec	urities benef	ficially ow	ned directly of	or indirectly.				
					inforn requir	nation cont ed to respo lys a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 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 of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired or Dispose (D) (Instr. 3, 4 and 5)	ed of					(
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Director Stock Option (right to buy)	\$ 17	09/13/2018		А	20,475		<u>(1)</u>	09/12/2028	Common Stock	20,475	
Reporting Owners											

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
GLAXOSMITHKLINE P	LC							
980 GREAT WEST ROA		Х						
BRENTFORD MIDDLES								
Signatures								
/s/ Victoria								
Whyte	01/15/2019							
<u>**</u> Signature of	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 stock option was granted to Simeon George as director's compensation and vests in equal monthly installments over a three year period, until such time as the option is 100% vested, subject to the continuing service of Simeon George on each vesting date. As a Vice

period, until such time as the option is 100% vested, subject to the continuing service of sineon George in each vesting date. As a vice president of S. R. One, Limited and an employee of GlaxoSmithKline LLC, Simeon George is obligated to transfer any shares issued under the stock option to S.R. One, Limited, an indirect, wholly-owned subsidiary of GlaxoSmithKline plc.

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.

Reporting Person