### Edgar Filing: VITAL THERAPIES INC - Form 4

VITAL THEF	RAPIES INC										
Form 4											
October 09, 2											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								r	B APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or				SECURI	ITIES					Estimated average burden hours per	
Form 5 obligations may continue.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 19401(b).											
(Print or Type R	esponses)										
Nash Duane Symb				. Issuer Name <b>and</b> Ticker or Trading mbol ITAL THERAPIES INC [VTL]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction			(Chec	ск ан аррисабіе	;)	
(M				(Month/Day/Year) 10/08/2014				Director 10% Owner X Officer (give title Other (specify below) below) See Remarks			
				ndment, Date Original th/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>			
SAN DIEGO	), CA 92128							Form filed by N Person			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ities Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	n(A) or Di (D) (Instr. 3,	ispose	d of	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	10/08/2014			Р	100	A	\$ 17.5	9,324 <u>(1)</u>	D		

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

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 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Nash Duane C/O VITAL THERAPIES, INC. 15010 AVENUE OF SCIENCE, SUITE 200 SAN DIEGO, CA 92128			See Remarks				
Signatures							
/s/ Michael V. Swanson, by power of attorney	10/0	8/2014					
<u>**</u> Signature of Reporting Person		Date					
Explanation of Responses	8:						

# \* 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) Includes 9,224 shares that were incorrectly reported as held indirectly in the Form 3 filed April 16, 2014. These shares should have been reported as held directly by the Reporting Person.

### **Remarks:**

#### Executive Vice President, Chief Business 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.