## Edgar Filing: VITAL THERAPIES INC - Form 4

VITAL TH	ERAPIES INC										
Form 4											
March 26, 2	_								PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB	3235-0287		
Check tl	his box		VV ê	isnington	, D.C. 2	0349		Number:	January 31,		
if no lon subject t Section Form 4	F CHAI	NGES IN SECUF	Estimated burden ho	Expires: 2005 Estimated average burden hours per response 0.5							
Form 5 obligation may corn See Insta 1(b).	Filed pur ons Section 17(	a) of the l	Public U	Jtility Hol	ding Co		nge Act of 1934, of 1935 or Section 940	·	. 0.0		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> SEARS LOWELL			2. Issuer Name <b>and</b> Ticker or Trading Symbol VITAL THERAPIES INC [VTL]				5. Relationship of Reporting Person(s) to Issuer				
(T+)	$(\mathbf{F}_{i})$	() () () () () () () () () () () () () (					(Check all applicable)				
(Last)	(First) (I	Middle)		of Earliest Ti Day/Year)	ransaction	l	X Director	109	% Owner		
INC., 1501	L THERAPIES, 0 AVENUE OF SUITE 200		03/24/2	-			Officer (giv below)		ner (specify		
(Street)			4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
SAN DIEGO, CA 92128			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	e Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	4. Securi nAcquirec Disposec (Instr. 3,	l (A) or l of (D)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price	(instr. 5 und 1)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities benef	ficially ow	ned directly	or indirectly.				
					infor requi	mation cont red to respo ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible s	Beneficially Owned securities)	1			
1 Title of	) 3 Trans	action Date	34 De	emed	4	5 Number	6 Date Exercise	ble and 7	Title and Amount		

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number	6. Date Exercisable and	7. Title and Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction f Derivative	Expiration Date	Underlying Securities	Der

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	) Ac (A) Dis (D) (In	curitie equired ) or sposed ) str. 3, d 5)	d d of	(Month/Day/	'Year)	(Instr. 3 and	4)	Sec (In:
				Code N	√ (	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 26.13	03/24/2015		А	5,	604		(1)	03/23/2025	Common Stock	5,604	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
SEARS LOWELL C/O VITAL THERAPIES, INC. 15010 AVENUE OF SCIENCE, SUITE 200 SAN DIEGO, CA 92128	Х					
Signatures						
/s/ Michael V. Swanson, by power of attorney	03/2	6/2015				
**Signature of Reporting Person		Date				
<b>Explanation of Responses</b>	<b>S</b> :					

- \* 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).

Subject to reporting person's continuing to be a Service Provider (as defined in the 2014 Equity Incentive Plan) through the vesting date,
100% of the shares subject to the option shall vest and become exercisable upon the earlier of the one (1) year anniversary from March 24, 2015 or the day prior to the Company's 2016 annual meeting of stockholders.

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.