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Form 4 September 1	1, 2015										
FORM									OMB AF	PROVAL	
	UNITED S	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT Filed pursuant to Section 17(a) of th			CHAN ection 1 ublic U	IGES IN SECUR 6(a) of th tility Hold	BENEF ATTIES e Securi ding Cor	Act of 1934, 1935 or Sectior	Expires: January 20 Estimated average burden hours per response				
See Instr 1(b). (Print or Type I		30(h) c	of the In	vestment	Compar	1у Ас	et of 194	0			
BIENAIME JEAN JACQUES Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3.				3. Date of Earliest Transaction (Month/Day/Year) 09/09/2015				(Check all applicable) X_ Director 10% Owner Officer (give title below) 0ther (specify below)			
SAN DIEG	(Street) O, CA 92128			endment, Da hth/Day/Year	-	ıl		6. Individual or Jo. Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Per	rson	
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secu	rities Acqu	iired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price			d of (D) 5)	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	09/09/2015			Р	4,000	А	\$ 3.07	29,119	D		
Common Stock	09/09/2015			Р	2,000	А	\$ 3.1	31,119	D		
Common Stock	09/09/2015			Р	2,000	А	\$ 3.16	33,119	D		
Common Stock	09/10/2015			Р	6,000	A	\$ 3.0489 (1)	39,119	D		

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	^	Title Number			
				~	(1) (1)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting owner runner runness	Director	10% Owner	Officer	Other		
BIENAIME JEAN JACQUES 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	09/1	0/2015				
**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).

Represents the weighted average share price of an aggregate total of 6,000 shares purchased in the price range of \$3.04 to \$3.0599 by the (1) reporting person. The reporting person undertakes to provide upon request by the Commission staff, the issuer or a security holder of the issuer, full information regarding the number of shares purchased at each separate price.

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.