Edgar Filing: Sheehy Douglas T. - Form 4

Sheehy Doug Form 4	glas T.										
January 08, 2	2018										
FORM	14								OMB AF	PPROVAL	
	UNITE) STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer									Expires:	January 31,	
subject to Section 1 Form 4 o	F CHAN	GES IN I SECUR		ICIA	L OWI	NERSHIP OF Estimated burden ho response		irs per			
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17	7(a) of the	Public U		ling Con	npan	y Act of	e Act of 1934, 7 1935 or Section 0	n		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Sheehy Douglas T.			2. Issuer Name and Ticker or Trading Symbol Aimmune Therapeutics, Inc. [AIMT]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		3. Date of Earliest Transaction				(Check all applicable)			
AIMMUNE INC., 8000	THERAPEUT	ICS,	(Month/D 01/04/20	ay/Year)	ansaction			Director X Officer (give below)		o Owner er (specify	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
BRISBANE	E, CA 94005-18	84						Form filed by M Person	fore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executio any	med on Date, if Day/Year)	(A)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock, \$0.0001 par value	01/04/2018			М	1,648	A	\$ 12.95	1,648	D		
Common Stock, \$0.0001 par value	01/04/2018			S <u>(1)</u>	1,648	D	\$ 37.33	0	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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. Transactic Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. H Dei Sec (In:
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 12.95	01/04/2018		М	1,648	(2)	04/29/2026	Common Stock	1,648	

Reporting Owners

Reporting Owner Name / Address	Relationships				
hopoting of her runner runners	Director	10% Owner	Officer	Other	
Sheehy Douglas T. AIMMUNE THERAPEUTICS, INC. 8000 MARINA BOULEVARD, SUITE 300 BRISBANE, CA 94005-1884			See Remarks		
Signatures					
/s/ Douglas T.					

01/08/2018 Sheehy **Signature of Date Reporting Person

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) This sale reported in the Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by Reporting Person.

The shares subject to the option will vest and become exercisable as to 25% of the total number of shares subject to the option on April 4, (2) 2017 and with respect to 1/48th of the total number of shares subject to the option in successive, equal monthly installments on each monthly anniversary thereafter, subject to the Reporting Person's continued service relationship with the Issuer on each such vesting date.

Remarks:

General Counsel and Corporate Secretary

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.