Edgar Filing: Clovis Oncology, Inc. - Form 4

Clovis Oncology, Form 4	Inc.										
January 14, 2014											
FORM 4	UNITED	STATES	SECU	PITIFS /		CHANGE	COMMISSIO	ΝT	PPROVAL		
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287				
Check this box if no longer subject to	MENT O	OF CHANGES IN BENEFICIAL OWNERSHIP OF						January 31, 2005			
Section 16. Form 4 or Form 5 obligations may continue. See Instruction	SECURITIES Filed pursuant to Section 16(a) of the Securities Excha Section 17(a) of the Public Utility Holding Company Act of					npany Act	Estimated average burden hours per response 0.5 nange Act of 1934, ct of 1935 or Section				
1(b).											
(Print or Type Respor	nses)										
1. Name and Address of Reporting Person <u>*</u> Allen Andrew R			2. Issuer Name and Ticker or Trading Symbol			C C	5. Relationship of Reporting Person(s) to Issuer				
			Clovis Oncology, Inc. [CLVS]				(Check all applicable)				
(Last) (First) (Middle) C/O CLOVIS ONCOLOGY, INC., 2525 28TH STREET, SUITE 100			3. Date of Earliest Transaction (Month/Day/Year) 01/10/2014				Director 10% Owner XOfficer (give title Other (specify below) below) See Remarks				
(S BOULDER, CO	Street) 80301			endment, D onth/Day/Yea	-	1	6. Individual or Applicable Line) _X_ Form filed by Form filed by Person		Person		
(City) (S	State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
	insaction Date th/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti nAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	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)		
Reminder: Report on	a separate line	e for each cl	ass of sec	urities bene	ficially own	ned directly of	or indirectly.				
					inforn requir	nation cont ed to respo ys a currei	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible s	Beneficially Owner securities)	đ			
1. Title of 2.	3. Trans	saction Date	e 3A. Dee	emed	4.	5. Number	of 6. Date Exerci	sable and	7. Title and Amount of		

Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative

Underlying Securities D

Expiration Date

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month	n/Day/Year)	Code (Instr. 8)	Securities Acquired or Dispose (D) (Instr. 3, 4 and 5)	(A) ed of	(Month/Day/	Year)	(Instr. 3 and	4) (
					Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 73.98	01/10/2014			А	70,000		<u>(1)</u>	01/10/2024	Common Stock	70,000
Reporting Owners											
Reporting Owner Name / Address				ationships							
			Director	10% Owne	r Officer		Oth	er			

See Remarks

Allen Andrew R C/O CLOVIS ONCOLOGY, INC. 2525 28TH STREET, SUITE 100 BOULDER, CO 80301

Signatures

/s/ Andrew R. Allen	01/13/2014				
<u>**</u> 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).
- (1) The option shall vest as to 25% of the shares on January 10, 2015 and the remainder shall vest in substantially equal installments over the 36 months immediately following such date.

Remarks:

Executive Vice President of Clinical and Pre-Clinical Development and Chief Medical 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.

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