## Edgar Filing: Capnia, Inc. - Form 4

Capnia, Inc.											
Form 4											
January 13, 20	15										
FORM	<b>4</b>	ер статі	C CECUDE	FIEC AND		LANCE C	OMMERION	OMB APPROVAL			
		SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549				OMB Number:	3235-0287				
Check this t if no longer									January 31, 2005		
subject to		F CHANGES IN BENEFICIAL OWNERSHIP (				Estimated average					
Section 16. Form 4 or		2	SECURITIES				burden hou	•			
Form 5	Filed	pursuant to	Section 160	a) of the S	Securities	s Exchange	e Act of 1934,	response	0.5		
obligations	Section	-				-	1935 or Section	n			
may continu See Instruct	le.		n) of the Inve	•	-	•					
1(b).											
(Print or Type Res	noncos)										
(Find of Type Kes	sponses)										
1. Name and Address of Reporting Person <u>*</u> Kirnon Stephen				2. Issuer Name <b>and</b> Ticker or Trading Symbol Capnia, Inc. [CAPN]				5. Relationship of Reporting Person(s) to Issuer			
			•								
(Last)	(First)	(Middle)	3. Date of E	arliest Trans	action		(Chec	k all applicable	e)		
				(Month/Day/Year)				X Director 10% Owner			
3 TWIN DOL 160	PHIN DRI	VE, SUITE	01/11/201	5			Officer (give below)	title Other below)	er (specify		
(Street)			4. If Amend	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			Filed(Month/					Applicable Line)			
REDWOOD (	CITY, CA 9	94065					_X_ Form filed by C Form filed by M Person				
(City)	(State)	(Zip)	Table I	- Non-Deri	ivative Sec	curities Acau	uired, Disposed of	. or Beneficial	lv Owned		
1.Title of	2 Transacti	on Date 2A		3.	4. Securit	-	5. Amount of	6.	7. Nature of		
Security	2. Transaction Date 2A. D (Month/Day/Year) Exect		cution Date, if		nAcquired (A) or		Securities	Ownership Form: Direct	Indirect Beneficial		
(Instr. 3)		any		Code  Disposed of (D)  (D + 2) (D + 15)			Beneficially				
		(1010	nth/Day/Year)	(Instr. 8)	(Instr. 3,	4 and 5)	Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)		
						(A)	Reported	(Instr. 4)			
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price	(Insu: 5 and 4)				
No securities							0	D			
beneficially owned							0	D			
owneu											

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)

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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. Transacti Code (Instr. 8)	5. Number on f 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 o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Employee Stock Option	\$ 1.8	01/11/2015		А	5,000	01/11/2016(1)	01/11/2025	Common Stock	5,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director 10% Owner Office		Officer	Other		
Kirnon Stephen 3 TWIN DOLPHIN DRIVE, SUITE 160 REDWOOD CITY, CA 94065	Х					
Signatures						
/s/ David D. O'Toole, As Attorney-in-Fact	01/13/2015					
**Signature of Reporting Person	1	Date				
Evaluation of Deeneng						

## **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).
- Beginning on January 11, 2016, twenty-five percent (25%) of the shares subject to the Option shall vest immediately and additional
   (1) twenty-five percent (25%) of the total shares subject to the Option shall vest annually thereafter on the same day of the month as the date of grant, subject to Optionee's continuing to be a Service Provider on such dates.

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.