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Axovant Scie Form 4										
May 03, 2016										
FORM		статес	SECU	DITIES /	ND EV	CHANC	E COMMISSIO	T	PPROVAL	
Check this box							Number:	3235-0287		
if no long	er			NCESIN	Expires:	January 31, 2005				
subject to Section 10 Form 4 or	6. SECURITIES						Estimated average burden hours per response			
Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940										
(Print or Type R	Responses)									
1. Name and Address of Reporting Person <u>*</u> Cvijic Christine Mikail			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
	Axovant Sciences Ltd. [AXON]			XON]	(Check all applicable)					
(Last)	(Month/Day/Year)					Director 10% Owner Officer (give title Other (specify				
(1 + 2)					below)	below) below) Chief Admin Officer and GC				
	(Street) 4. If Amendment, Date Original			ıl	6. Individual or Joint/Group Filing(Check Applicable Line)					
Filed(Month/Day/Year) NEW YORK, NY 10018					,	_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tal	ole I - Non-l	Derivative	Securities	Acquired, Disposed	of, or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	Disposed	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			
Reminder: Repo	ort on a separate line	for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					inforn requi	nation cor red to resp ays a curre	espond to the colle ntained in this form oond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab						r Beneficially Owned e securities)	1		

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

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year	Code) (Instr. 8)	Securities Acquired (<i>A</i> or Disposed (D) (Instr. 3, 4, and 5)	d of	(Month/Day/	(Year)	(Instr. 3 and	4)
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 13	04/29/2016		А	50,000		<u>(1)</u>	04/29/2026	Common Shares	50,000
Reporting Owners										
Repo	orting Owner Na	ame / Address	Director 10)% Owner	Relations Officer	ships	5	Other		
			Director		onneer			Ouler		

Chief Admin Officer and GC

Cvijic Christine Mikail C/O AXOVANT SCIENCES, INC., 320 WEST 37TH STREET, 5TH FLOOR NEW YORK, NY 10018

Signatures

/s/ Christine Mikail	05/03/2016				
<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).

This option vests over a period of four years, with one quarter of the common shares underlying the option vesting on April 29, 2017 and the remainder vesting in twelve equal quarterly installments thereafter. The option allows for early exercise, subject to the Issuer's

(1) The remainder vesting in twerve equal quarterly installinents increater. The option allows for early exercise, subject to the issuer's repurchase option with respect to any unvested common shares. All common shares underlying such option will become fully vested upon a change in control, as that term is defined in the Issuer's 2015 Equity Incentive Plan.

(2) Includes only options with the same termination date.

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.