Edgar Filing: REGENXBIO Inc. - Form 4/A

REGENXB Form 4/A											
September 2									PPROVAL		
FORM	A 4 UNITED	STATES					E COMMISSION		3235-0287		
Check the	his box		Wa	ashington	, D.C. 20)549		Number:	January 31,		
if no lor subject Section Form 4 Form 5 obligatio may cor <i>See</i> Inst	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Sectior of the Investment Company Act of 1940					Estimated burden hou response	2005 average urs per				
1(b).	luction				Ĩ	-					
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> KARABELAS ARGERIS N			2. Issuer Name and Ticker or Trading Symbol REGENXBIO Inc. [RGNX]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	3. Date of Earliest Transaction				(Check all applicable)				
C/O REGE MEDICAL SUITE 100	(Month/Day/Year) 09/16/2015			X_ Director 10% Owner Officer (give title Other (specify below) below)							
	(Street)		4. If Am	endment, D	ate Origina	ıl	6. Individual or J	loint/Group Fili	ng(Check		
ROCKVILLE, MD 20850			Filed(Month/Day/Year) 09/17/2015			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tal	ole I - Non-I	Derivative	Securities	Acquired, Disposed of	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	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)		
Domindor: Do	port on a concrete line	for each a	ass of soc	writian banat	ficially on	nad diraatly	or indiractly				
Kenninger. Ke	port on a separate line	FIOT CACH CI	ass 01 sec	unties bene	Perso inform requir	ons who re nation cor red to resp ays a curre	espond to the collect tained in this form bond unless the for ently valid OMB co	are not rm	SEC 1474 (9-02)		
	Tab			curities Acq ls, warrants			r Beneficially Owned e securities)	l			

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number	6. Date Exercisable and	7. Title and Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction f Derivative	Expiration Date	Underlying Securities	Der

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Securities (Month/Day/Year) (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		'Year)	(Instr. 3 and 4)		Sec (In			
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 22	09/16/2015		А		9,375 (1)		(2)	09/16/2025	Common Stock	9,375 (1)	

Reporting Owners

Reporting Owner Name / Address		Relationships					
reporting o mer re	Director	10% Owner	Officer	Other			
KARABELAS ARGERIS N C/O REGENXBIO INC. 9712 MEDICAL CENTER ROCKVILLE, MD 20850	Х						
Signatures							
/s/ Jerry Karabelas	09/22/2015						
**Signature of	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).
- The Number of Derivative Securities Acquired, the Amount of Underlying Securities and the Number of Derivative Securities
- (1) Beneficially Owned Following Reported Transaction were inadvertently misreported by the Reporting Person on the Form 4 file on September 17, 2015.
- (2) The option will vest in equal monthly installments over the 12 months following September 16, 2015, with immediate full vesting in the event of a change in control.

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.

Reporting Person