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NEVRO CO	RP								
Form 4									
December 03	3, 2015								
FORM	14					~~~			PPROVAL
	UNITED	STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-0287
Check th if no long subject to Section 1 Form 4 o	AENT OI	F CHAN	NGES IN SECUI	Estimated burden hou	Expires: January 31, 2005 Estimated average burden hours per response 0.5				
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 I	Responses)								
1. Name and Address of Reporting Person <u>*</u> Alleavitch Doug			2. Issuer Name and Ticker or Trading Symbol NEVRO CORP [NVRO]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (A	Middle)	3. Date of	of Earliest T	ransaction		(Chi	er all applicabl	6)
C/O NEVR PARKWAY	O CORP., 1800 I	BRIDGE	(Month/1/2/01/2	Day/Year) 2015			Director X Officer (gi below) VP, Qu		6 Owner er (specify tions
(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 Form filed by More than One Reporting			
REDWOOI	O CITY, CA 9400	65					Person		eporting
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securit 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: Ren	ort on a separate line	for each cl	ass of sec	urities bene	ficially own	ned directly (or indirectly		
	ert on a separate mit				Perso inforn requir	ns who rest nation cont ed to respo lys a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	(Month/Day/Yea	r) (Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(
			Code V	(A)	(D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 63.23	12/01/2015	А	21,000	<u>(1)</u>	11/30/2025	Common Stock	21,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
I G G G G G G G G G G G G G G G G G G G	Director	Director 10% Owner Officer		Other				
Alleavitch Doug C/O NEVRO CORP. 1800 BRIDGE PARKWAY REDWOOD CITY, CA 94065			VP, Quality and Operations					
Signatures /s/ Andrew Galligan, as Attorney-i Alleavitch	n-Fact for Do	oug	12/03/2015					
		U	12/03/2015					

**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).

1/48th of the shares subject to the option vest on each monthly anniversary measured from November 5, 2015 (the "Vesting

(1) Commencement Date"), such that 100% of the shares subject to the option will be fully vested and exercisable on the fourth anniversary of the Vesting Commencement 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.

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