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| ARDELYX, Form 4 September 26 FORM Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | 5, 2016 4 UNITED ST s box er STATEME 5. Filed pursua is nue. Section 17(a) | Wa NT OF CHAN ant to Section | shington, NGES IN I SECUR 16(a) of the Itility Hold | D.C. 209 BENEFI ITIES e Securiti ling Com | 549 CIA ies Ez ipany | L OW | COMMISSION NERSHIP OF e Act of 1934, f 1935 or Sectio 40 | OMB Number: Expires: Estimated a burden hou response | rs per |
|--|--|------------------------------------|---|---|-------------------------------|--------------------------|--|--|----------------------|
| (Print or Type R | esponses) | | | | | | | | |
| | ddress of Reporting Per | Symbol | er Name and LYX, INC | | | g | 5. Relationship of Issuer | Reporting Pers | |
| | (First) (Mid LYX, INC., 34175 OD BLVD, SUITE | (Month/) 09/26/2 | of Earliest Tra Day/Year) 2016 | ansaction | | | Director X Officer (give below) | 10% | Owner er (specify |
| FREMONT, | (Street) CA 94555 | | endment, Da nth/Day/Year) | - | | | 6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by N Person | | erson |
| (City) | (State) (Zi | ^{p)} Tab | le I - Non-D | erivative S | Securi | ties Acq | uired, Disposed of | f, or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | | | Code (Instr. 8) | on(A) or D (D) (Instr. 3, | 4 and (A) or | d of 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | |
| Common Stock | 09/22/2016 | | Code V $M^{(1)}$ | Amount 1,440 | (D) A | Price \$ 1.08 | 1,440 | D | |
| | | | c (1) | 1,440 | D | \$ 12 | 0 | D | |
| Common Stock | 09/22/2016 | | S <u>(1)</u> | -, | | | | | |
| | 09/22/2016 09/23/2016 | | M <u>(1)</u> | 1,060 | A | \$ 1.08 | 1,060 | D | |
| Stock Common | | | | | A A | \$ 1.08 \$ 3.42 | 1,060 3,560 | D D | |

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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)

| 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. Transactic Code (Instr. 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8 1 5 () |
|---|---|---|---|--|-----|-------|--|--------------------|---|--|-------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (Right to Buy) | \$ 1.08 | 09/22/2016 | | M <u>(1)</u> | | 1,440 | <u>(2)</u> | 04/15/2021 | Common Stock | 1,440 | |
| Stock Option (Right to Buy) | \$ 1.08 | 09/23/2016 | | M <u>(1)</u> | | 1,060 | <u>(2)</u> | 04/15/2021 | Common Stock | 1,060 | |
| Stock Option (Right to Buy) | \$ 3.42 | 09/23/2016 | | M <u>(1)</u> | | 2,500 | (2) | 11/12/2022 | Common Stock | 2,500 | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|------------|---------------|-----------|----------------------|-------|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | |
| GRAMMER ELIZABETH A C/O ARDELYX, INC. 34175 ARDENWOOD BLVD, SUITE 200 FREMONT, CA 94555 | | | | SVP, General Counsel | | | | |
| Signatures | | | | | | | | |
| /s/ Elizabeth Grammer | 09/26/2016 | | | | | | | |

Date

8. De Se (In

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<u>**</u>Signature of Reporting Person

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) Transaction made pursuant to a 10b5-1 trading plan adopted by the Reporting Person on August 19, 2016.
- (2) The option is fully vested and exercisable.

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.