#### BELLICUM PHARMACEUTICALS, INC

Form 4

January 05, 2017

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287

0.5

Check this box if no longer

subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005 Estimated average

**OMB APPROVAL** 

burden hours per response...

Form 5 obligations may continue. See Instruction

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 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Farrell Thomas J.

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

**BELLICUM** PHARMACEUTICALS, INC

[BLCM]

\_X\_\_ Director 10% Owner

(Check all applicable)

President and CEO

(Last) (First) (Middle)

3. Date of Earliest Transaction

X\_ Officer (give title below)

Other (specify

(Month/Day/Year) C/O BELLICUM 01/03/2017

PHARMACEUTICALS, INC., 2130 W. HOLCOMBE BLVD., STE. 800

(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

HOUSTON, TX 77030

Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of

Security

(Instr. 3)

(City) (State) (Zip)

2. Transaction Date 2A. Deemed

any

3. 4. Securities TransactionAcquired (A) or (Month/Day/Year) Execution Date, if

Code V Amount (D)

Disposed of (D)

or

Price

5. Amount of Securities Beneficially Owned

6. Ownership 7. Nature of Indirect Form: Direct (D) or Indirect Beneficial Ownership

(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)

Code

Following Reported Transaction(s) (Instr. 3 and 4) (Instr. 4) (Instr. 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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. Transaction Code (Instr. 8)	5. Number of orDerivative 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 of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 13.89	01/03/2017		A	48,375	<u>(1)</u>	01/02/2027	Common Stock	48,375
Restricted Stock Units	(2)	01/03/2017		A	26,875	(3)	(3)	Common Stock	26,875

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

Farrell Thomas J. C/O BELLICUM PHARMACEUTICALS, INC. 2130 W. HOLCOMBE BLVD., STE. 800 HOUSTON, TX 77030

X President and CEO

## **Signatures**

Reporting Person

/s/ Thomas J.
Farrell

\*\*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).
- 25% of the shares subject to the stock option vest and become exercisable on January 3, 2018, and the remaining shares subject to the stock option vest and become exercisable in 36 equal monthly installments thereafter.
- (2) Each restricted stock unit represents a contingent right to receive one share of BLCM common stock.
- (3) The restricted stock units vest in four equal annual installments beginning January 3, 2018.

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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