### Edgar Filing: Clovis Oncology, Inc. - Form 4

Clovis Onc Form 4	ology, Inc.										
March 28, 2	2017										
FOR		STATES	SECU	DITIES A	ND EV	CHANCE		т	PPROVAL		
<b>CONVIA</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box								Expires:	January 31, 2005		
subject Section Form 4	to SIATEN 16. or	MENT O	F CHAI	NGES IN SECUR		Estimated burden ho response	average urs per				
Form 5 obligati may co <i>See</i> Ins 1(b).	ions Section 17	(a) of the l	Public U	Jtility Hold	ling Co		nge Act of 1934, of 1935 or Sectio 940	on			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> MUEHL DANIEL W			2. Issuer Name <b>and</b> Ticker or Trading Symbol			-	g 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	Middle)	Clovis Oncology, Inc. [CLVS] 3. Date of Earliest Transaction									
C/O CLOV INC., 5500	(First) ( VIS ONCOLOGY ) FLATIRON ,Y, SUITE 100			Day/Year)	ansaction		Director X Officer (giv below)		% Owner ner (specify		
			4. If Amendment, Date Original Filed(Month/Day/Year)			ıl	6. Individual or Joint/Group Filing(Check Applicable Line)				
BOULDE	R, CO 80301		Thed(with	Shull Day Tear	)		_X_ Form filed by	One Reporting F More than One F			
(City)	(State)	(Zip)	Tab	ole I - Non-D	erivative	Securities A	Acquired, Disposed of	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Transactior	Disposed (Instr. 3,	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities benefi	icially ow	ned directly o	or indirectly.				
					inforr requi	nation cont red to respo ays a currer	spond to the collec tained in this form ond unless the for ntly valid OMB co	are not m	SEC 1474 (9-02)		
	Tab					posed of, or convertible s	Beneficially Owned securities)				
1. Title of Derivative		ansaction Da th/Day/Year		Deemed ation Date, if	4. Transa	5. Numb ctiorDerivativ			7. Title and Amount of Underlying Securities		

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8		Securities (Mon Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 68.31	03/27/2017		А		15,000		<u>(1)</u>	03/27/2027	Common Stock	15,000
Restricted Stock Units	<u>(2)</u>	03/27/2017		Α		7,500		(3)	(3)	Common Stock	7,500

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MUEHL DANIEL W C/O CLOVIS ONCOLOGY, INC. 5500 FLATIRON PARKWAY, SUITE 100 BOULDER, CO 80301			See Remarks				

# Signatures

/s/ Daniel W. 03/27/2017 Muehl \*\*Signature of Date

<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) The option shall vest as to 25% of the shares on March 1, 2018, and the remainder shall vest in substantially equal installments over the 36 months immediately following such date.
- (2) Each Restricted Stock Unit represents the right to receive one share of Common Stock.
- (3) The restricted stock units shall vest as to 25% of the units on March 1, 2018, and the remainder shall vest in substantially equal installments over the 12 quarters immediately following such date.

#### **Remarks:**

Senior Vice President of Finance, Principal Financial Officer and Principal Accounting Officer

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.