JACOB GARY S Form 4 June 18, 2018

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

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

Estimated average burden hours per response... 0.5

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)

C/O SYNERGY

(City)

1. Name and Address of Reporting Person * JACOB GARY S

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

SYNERGY PHARMACEUTICALS,

(Check all applicable)

INC. [SGYP]

(Last) (First) 3. Date of Earliest Transaction (Month/Day/Year)

10% Owner _X__ Director Other (specify _X__ Officer (give title

(Middle)

(Zip)

06/15/2018

below) **Executive Chairman**

PHARMACEUTICALS INC., 420 LEXINGTON AVENUE, SUITE 2012

(Street)

(State)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Issuer

X Form filed by One Reporting Person Form filed by More than One Reporting

NEW YORK, NY 10170

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

1.Title of	2. Transaction Date		3.	4. Securitie	_		5. Amount of	6. Ownership	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	, , ,			Securities Beneficially Owned	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership
		(Wional/Bay/Tear)	(111341.0)				Following	(Instr. 4)	(Instr. 4)
					(A) or		Reported Transaction(s) (Instr. 3 and 4)		
			Code V	Amount	(D)	Price	(Ilisti. 5 and 4)		
Common Stock	06/15/2018		M	474,961	A	\$ 0.5	877,640	D	
Common Stock	06/15/2018		F	131,934 (1)	D	\$0	745,706	D	
Common Stock	06/15/2018		F	150,246 (2)	D	\$0	595,460	D	

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

Edgar Filing: JACOB GARY S - Form 4

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.

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 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
Stock Options	\$ 0.5	06/15/2018		M		474,961	(3)	07/03/2018	Common Stock	474,961

Reporting Owners

Reporting Owner Name / Address		Keiationships					
	Director	10% Owner	Officer	Other			
JACOB GARY S							

C/O SYNERGY PHARMACEUTICALS INC. 420 LEXINGTON AVENUE, SUITE 2012 NEW YORK, NY 10170

X Executive Chairman

Signatures

/s/ Gary S. Jacob 06/18/2018

**Signature of 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) Represents the number of shares forfeited to the Company in payment of the exercise price of the stock options.
- (2) The reporting person is reporting the withholding by Synergy Pharmaceuticals Inc. of 150,246 shares of common stock to satisfy the reporting person's tax withholding obligations in connection with the exercise of the stock options on June 15, 2018.
- (3) 158,320 options vested on 7/3/2009 and 7/3/2010 and 158,321 vested on 7/3/2011

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 Owners 2