Edgar Filing: ALDER BIOPHARMACEUTICALS INC - Form 4

ALDER BIOPHARMACEUTICALS INC

Form 4

November 25, 2014

Check t if no lor subject Section Form 4 Form 5 obligati may cor See Inst 1(b).	his box neger to 16. or Filed pur Section 17(MENT OF rsuant to Se (a) of the Pr	Was CHAN ection 10 ublic Ut	GES IN SECULO (a) of the lility Holi	BENEF RITIES the Securi Iding Cor	ICIA ties E	AL OWN	ERSHIP OF Act of 1934, 935 or Section	OMB Number: Expires: Estimated a burden hour response		
1. Name and Smith Jeffi	\$						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 11804 NO	3. Date of Earliest Transaction (Month/Day/Year) 11/21/2014				- - b	Director 10% Owner Officer (give title Other (specify below) Sr. VP Translational Medicine					
				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 Person			
(City)	(State)	(Zip)	Table	e I - Non-	Derivative	Secui	rities Acqui	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemec Execution D any (Month/Day	Date, if Transaction Code		4. Securities Acquired (A ror Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price			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)	
Common Stock	11/21/2014			S S		D D	\$ 15.7059 (1)	9,090	D		
Common Stock	11/24/2014			S	9,090	D	\$ 16.9125	0	D		

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

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(2)

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number.

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.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						`
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Lacroisdoic	Dute		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships
FS - ·· · · · · · · · · · · · · · · ·	

Officer Director 10% Owner Other Sr. VP 11804 NORTH CREEK PARKWAY SOUTH Translational Medicine

Signatures

BOTHELL, WA 98011

Smith Jeffrey T L

/s/ Jeffrey T. L. 11/25/2014 Smith

**Signature of Date 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).
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.60 to \$15.96, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the **(1)** Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote 1 to this Form 4.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.83 to \$16.99, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote 2 to this Form 4.

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