

Aimmune Therapeutics, Inc.

Form 3

November 23, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *

Nestle Health Science US Holdings, Inc.

(Last) (First) (Middle)

383 MAIN AVE., 5TH FLOOR

(Street)

NORWALK, CT 06851

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
11/23/20163. Issuer Name and Ticker or Trading Symbol
Aimmune Therapeutics, Inc. [AIMT]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director ____X____ 10% Owner
____ Officer ____ Other
(give title below) (specify below)

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

6. Individual or Joint/Group Filing(Check Applicable Line)
____ Form filed by One Reporting Person
X Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned1. Title of Security
(Instr. 4)2. Amount of Securities Beneficially Owned
(Instr. 4)3. Ownership Form:
Direct (D)
or Indirect (I)
(Instr. 5)4. Nature of Indirect Beneficial Ownership
(Instr. 5)

Common Stock

7,552,084

I 0 ⁽¹⁾

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)1. Title of Derivative Security
(Instr. 4)2. Date Exercisable and Expiration Date
(Month/Day/Year)3. Title and Amount of Securities Underlying Derivative Security
(Instr. 4)
Title

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security:
Direct (D)6. Nature of Indirect Beneficial Ownership
(Instr. 5)

Edgar Filing: Aimmune Therapeutics, Inc. - Form 3

Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
---------------------	--------------------	----------------------------------	----------------------------------

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Nestle Health Science US Holdings, Inc. 383 MAIN AVE., 5TH FLOOR NORWALK, CT 06851	Â	Â X	Â	Â
NESTLE SA AVE NESTLE 55 VEVEY, V8 CH-1800	Â	Â X	Â	Â
NIMCO US, Inc. 383 MAIN AVE, 5TH FLOOR NORWALK, CT 06851	Â	Â X	Â	Â

Signatures

/s/ James Pepin, President	11/23/2016
__Signature of Reporting Person	Date
/s/ David P. Frick, Secretary to the Board of Directors	11/23/2016
__Signature of Reporting Person	Date
/s/ Gary Kirschenbaum, Vice President	11/23/2016
__Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) Held by Nestle Health Science US Holdings, Inc. Nestle Health Science US Holdings, Inc. is wholly owned subsidiary of NIMCO US, Inc., which is a wholly owned subsidiary of Nestle S.A., a publicly traded company. Each of these entities may be deemed to share voting and investment power with respect to all shares held by Nestle Health Science US Holdings, Inc. Each of the filing persons disclaims beneficial ownership of such shares except to the extent of its pecuniary interest therein.

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.