#### Edgar Filing: Kopczynski Casey C. - Form 4

Kopczynski Form 4	Casey C.									
October 01,	2018									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check th if no long subject to Section 1 Form 4 c Form 5	ger o <b>STATEN</b> 16. or Filed pur	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(	· ·	blic Utility Ho f the Investmen	U	-	•	1935 or Section	L		
(Print or Type ]	Responses)									
1. Name and A Kopczynski	Address of Reporting Casey C.	S A					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O AERIE PHARMACEUTICALS, INC., 4301 EMPEROR BLVD., SUITE 400			3. Date of Earliest Transaction (Month/Day/Year) 10/01/2018				Director 10% Owner XOfficer (give title Other (specify below) below) Chief Scientific Officer			
			Filed(Month/Day/Year) A				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DURHAM,	NC 27703						Form filed by Mo Person			
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date,		ate, if Transacti Code	if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)				OwnershipIForm:IDirect (D)I	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	10/01/2018		Code V S	Amount 9,330	or (D) D	Price \$ 60.4254 ( <u>1)</u> ( <u>2)</u>	Transaction(s) (Instr. 3 and 4) 138,187	D		
Common Stock	10/01/2018		S	1,670	D	\$ 61.3383 (1) (3)	136,517	D		

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

Persons who respond to the collection of<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(9-02)

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# 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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Title and Amount of Underlying Securities (Instr. 3 and	<ul><li>8. Price of Derivative Security (Instr. 5)</li><li>4)</li></ul>	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Amou or Title Numb of Share	ber	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Kopczynski Casey C. C/O AERIE PHARMACEUTICALS, INC. 4301 EMPEROR BLVD., SUITE 400 DURHAM, NC 27703			Chief Scientific Officer				
Signatures							
/s/ Richard J. Rubino, Attorney-in-Fact for C Kopczynski	Casey C.		10/01/2018				
**Signature of Reporting Person			Date				
Evalenation of Deenenen							

## **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 reporting person undertakes to provide the issuer, any security holder of the issuer, or the staff of the Securities and Exchange(1) Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes 2 and 3 to this Form 4.
- (2) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions pursuant to the reporting person's Rule 10b5-1 plan at prices ranging from \$60.09 to \$61.07, inclusive.
- (3) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions pursuant to the reporting person's Rule 10b5-1 plan at prices ranging from \$61.10 to \$61.48, inclusive.

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.