## Edgar Filing: Azelby Robert - Form 4

Azelby Robert Form 4											
April 25, 2019											
FORM 4	UNITED	статес	SECU	DITIES /	ND FY	СНАХ	JCF	COMMISSION		PPROVAL	
Check this box										3235-0287	
if no longer subject to Section 16. Form 4 or								UNEDSHID OF	Expires:	January 31, 2005	
								Estimated burden hou response	urs per		
Form 5 obligations may continue. See Instruction 1(b).	-	a) of the l	Public U		ding Cor	npany	Act	ge Act of 1934, of 1935 or Sectio 940	·		
(Print or Type Response	ses)										
1. Name and Address of Reporting Person <u>*</u> Azelby Robert			Symbol Iss				Issuer	5. Relationship of Reporting Person(s) to Issuer			
			ALDE INC [A	R BIOPH ALDR]	ARMAC	EUTIC	S (Che	ck all applicable)			
(Last) (F	First) (1	Middle)	3. Date of Earliest Transaction (Month/Day/Year)					X_ Director 10% Owner X_ Officer (give title Other (specify below) below)			
11804 NORTH C SOUTH	REEK PAF	RKWAY	04/23/2	2019				· · · · · · · · · · · · · · · · · · ·	esident and CEC	)	
							6. Individual or . Applicable Line)	Joint/Group Filing(Check			
F1 BOTHELL, WA 98011				_X_ Form filed by				One Reporting Person Aore than One Reporting			
(City) (S	tate)	(Zip)	Tab	ole I - Non-l	Derivative	Securit	ties A	cquired, Disposed	of, or Beneficia	lly Owned	
	saction Date			3.	4. Securit				6. Ownership	7. Nature of	
Security (Month (Instr. 3)	onth/Day/Year) Execution any (Month/D			Code	onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership	
				. ,	<b>、</b> ,	(A)		Following Reported	(Instr. 4)	(Instr. 4)	
				Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Damia dan Dana dan		f									
Reminder: Report on a	a separate line	e for each cl	ass of sec	urities bene	-		-	r indirectly. pond to the colle	ction of	SEC 1474	
					requii	red to r ays a cu	espo	ained in this form and unless the fo tly valid OMB co	rm	(9-02)	
	Tab			curities Acc ls, warrants				Beneficially Owned ecurities)	I		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	τ	<b>Jnderlying Securitie</b>

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) o Disposed of (D (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amou Numb Shares
Stock Option (Right to Buy)	\$ 16.2	04/23/2019		A	150,000	04/23/2019 <u>(1)</u>	06/12/2028	Common Stock	150,0

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
F B	Director	10% Owner	Officer	Other				
Azelby Robert 11804 NORTH CREEK PARKWAY SOU BOTHELL, WA 98011	тн х		President and CEO					
Signatures								
/s/ Alan Hambelton, Attorney-in-Fact	04/25/2019							
**Signature of Reporting 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).

On June 13, 2018, the Reporting Person was granted an option to purchase 150,000 shares of Issuer's Common Stock (the "Option"). The Option vests upon obtaining acceptance by the U.S. Food and Drug Administration (or any successor entity thereto) (the "FDA") of the first Biologics License Application submitted to the FDA by the Company or an affiliate seeking approval for the commercial sale and

(1) Inst Diologies Dicense Application submitted to the PDA by the Company of an armate seeking approvation the commercial sate and marketing of eptinezumab in the United States for review and certification by the Issuer's Compensation Committee that the achievement of such milestone had been achieved (the "FDA Filing Milestone"). On April 23, 2019, the Issuer's Compensation Committee certified that the FDA Milestone had been achieved, resulting in the vesting of 150,000 shares subject to the Option.

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.