Calithera Biosciences, Inc.

Form 4 June 16, 2016

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or Form 5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Last)

1. Title of

Security (Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person * AGARWAL SUNIL

(Middle)

2. Issuer Name and Ticker or Trading Symbol

Calithera Biosciences, Inc. [CALA]

3. Date of Earliest Transaction

(Month/Day/Year) 06/14/2016

C/O CALITHERA BIOSCIENCES. INC. 343 OYSTER POINT BLVD. #200

(First)

(Street)

4. If Amendment, Date Original

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

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Other (specify

Person

Issuer

below)

X_ Director

Officer (give title

SOUTH SAN FRANCISCO, CA 94080

(City)

(State) (Zip) 2. Transaction Date 2A. Deemed

Execution Date, if (Month/Day/Year) (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned

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

Following

6. Ownership 7. Nature of Form: Direct (D) or Indirect Beneficial (I) (Instr. 4)

Indirect Ownership (Instr. 4)

OMB APPROVAL

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January 31,

2005

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Number:

Expires:

response...

Estimated average

burden hours per

Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form 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)

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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 Exerc Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 4.76	06/14/2016		A	11,000	<u>(1)</u>	06/13/2026	Common Stock	11,000

Reporting Owners

Reporting Owner Name / Address	Relationships				
coporting of the control of the cont	Director	10% Owner	Officer	Other	
AGARWAL SUNIL C/O CALITHERA BIOSCIENCES, INC 343 OYSTER POINT BLVD. #200 SOUTH SAN FRANCISCO, CA 94080	X				
Signatures					

/s/ Sunil 06/16/2016 Agarwal

**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).

1/12 of the Option vests in each monthly installment as measured from June 14, 2016, until the earlier of the Option's full vesting or the reporting person ceasing to provide continuous service to the issuer. In addition, in the event of a Change in Control or a Corporate

(1) Transaction (each as defined in the plan pursuant to which the Option was granted), any unvested portion of the Option will fully vest and become exercisable as of immediately prior to the effective time of such Change in Control or Corporate Transaction, subject to the reporting person's continuous service on the effective date of such transaction.

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.

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