Edgar Filing: TETRAPHASE PHARMACEUTICALS INC - Form 4

TETRAPHA Form 4 May 15, 201	ASE PHARMAC	EUTICA	LS INC								
FORM Check th	14 UNITED		SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						OMB APPROVAL OMB 3235-0287 Number: January 31 Expires: 2000		
subject to Section 16. SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated a burden hour response	•			
(Print or Type	Responses)										
1. Name and A Horn Patric	2. Issuer Name and Ticker or Trading Symbol TETRAPHASE PHARMACEUTICALS INC [TTPH]				ıg	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 480 ARSENAL ST. SUITE 110			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2015					X_Officer (give title Other (specify below) below) Chief Medical Officer			
				endment, Da nth/Day/Year	-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WATERTO	OWN, MA 02472	2						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative S	Secur	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	05/13/2015			Code V M	Amount 10,000 (1)	or (D) A	Price \$ 2.03	(Instr. 3 and 4) 10,000	D		
Common Stock	05/13/2015			S	10,000 (1)	D	\$ 39.88 (2)	0	D		

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

Persons who respond to the collection of information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	 5. Number of ctionDerivative Securities 3) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 2.03	05/13/2015		М		10,000 (1)	<u>(3)</u>	01/02/2021	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
L	Director	10% Owner	Officer	Other			
Horn Patrick Taylor 480 ARSENAL ST. SUITE 110 WATERTOWN, MA 02472			Chief Medical Officer				
Signatures							
/s/Maria Stahl as Attorney-in-Fact Horn	05/15/2015						
** Signature of Reporting Person	ı	Da	te				

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) The exercise and sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 13, 2015.

The price reported represents the weighted average sales price of shares sold in multiple transactions at prices ranging from \$39.28 to
 (2) \$40.88 per share. The reporting person herby undertakes, upon request of the staff of the U.S. Securities and Exchange Commission, the issuer or a security holder of the issuer, to provide full information regarding the number of shares sold at each separate price.

(3) This option is fully vested.

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.