

Novartis Institutes for BioMedical Research, Inc.
 Form 3
 April 18, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Novartis Institutes for BioMedical Research, Inc.		(Month/Day/Year)	Surface Oncology, Inc. [SURF]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	
250 MASSACHUSETTS AVENUE		(Check all applicable)		
(Street)		___ Director		___X___ 10% Owner
CAMBRIDGE,Â MAÂ 02139		___ Officer		___ Other
(City)	(State)	(Zip)	(give title below) (specify below)	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				___ Form filed by One Reporting Person
				___X___ Form filed by More than One Reporting Person
				5. If Amendment, Date Original Filed(Month/Day/Year)

Table I - Non-Derivative Securities Beneficially Owned

1. 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)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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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)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		or Indirect (I) (Instr. 5)	
Series A Preferred Stock	Â (1)	Â (1)	Common Stock	2,272,726	\$ (1)	D (2)	Â
Series A-1 Preferred Stock	Â (3)	Â (3)	Common Stock	909,090	\$ (3)	D (2)	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Novartis Institutes for BioMedical Research, Inc. 250 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	Â	Â X	Â	Â
NOVARTIS AG LICHTSTRASSE 35 BASEL, V8 CH 4056	Â	Â X	Â	Â

Signatures

NOVARTIS INSTITUTES FOR BIOMEDICAL RESEARCH, INC., By: /s/ Scott Brown, Authorized Signatory	**Signature of Reporting Person	04/18/2018
	Date	
NOVARTIS AG, By: /s/ Christian Rehm, Authorized Signatory	**Signature of Reporting Person	04/18/2018
	Date	
By: /s/ Katja Roth Pellanda, Authorized Signatory	**Signature of Reporting Person	04/18/2018
	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).
- The 1,571,429 shares of Series A Preferred Stock held by the Reporting Person will automatically convert upon the closing of the Issuer's
- (1) initial public offering into the number of shares of the Issuer's Common Stock shown in column 3 without payment or further consideration. The shares have no expiration date.
 - (2) The shares are held directly by Novartis Institutes for BioMedical Research, Inc. ("NIBRI"). NIBRI is an indirect wholly-owned subsidiary of, and controlled by, Novartis AG.
- The 5,214,286 shares of Series A-1 Preferred Stock held by the Reporting Person will automatically convert upon the closing of the
- (3) Issuer's initial public offering into the number of shares of the Issuer's Common Stock shown in column 3 without payment or further consideration. The shares have no expiration date.

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.