Edgar Filing: Bekker Petrus - Form 4

Bekker Petr	us										
Form 4											
September 2											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PROVAL	
Check this box							OMB Number:	3235-0287			
if no lon									Expires:	January 31, 2005	
subject to STATEMENT OF CHAN Section 16. Form 4 or				IGES IN BENEFICIAL OWN SECURITIES				ERSHIP OF	Estimated a burden hour response	urs per	
Form 5 obligations may continue. See Instruction 1(b). 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)										
Bekker Petrus Symbol			Symbol					5. Relationship of Reporting Person(s) to Issuer			
- · ·				oCentryx, Inc. [CCXI]				(Check all applicable)			
(Last)	(First) (I	Middle)		f Earliest Transaction				Director 10% Owner			
C/O CHEMOCENTRYX, INC., 850 09/20/ MAUDE AVENUE				n/Day/Year) /2012				Officer (give title Other (specify below) below) SVP of Medical & Clinical			
	(Street)		4. If Ame	endment, Date Original				6. Individual or Joint/Group Filing(Check			
				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
MOUNTAIN VIEW, CA 94043 — Form filed by More than One Reporting Person								porting			
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	n Date, if	3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	09/20/2012			М	200	А	\$ 0.6	62,700	D		
Common Stock	09/20/2012			S <u>(1)</u>	200	D	\$ 12.02	62,500	D		
Common Stock	09/24/2012			М	100	A	\$ 0.6	62,600	D		
Common Stock	09/24/2012			S <u>(1)</u>	100	D	\$ 12.005	62,500	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 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)

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)	onof Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. F Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (right to buy)	\$ 0.6	09/20/2012		М	200	<u>(2)</u>	05/05/2015	Common Stock	200	
Employee Stock Option (right to buy)	\$ 0.6	09/24/2012		М	100	(2)	05/05/2015	Common Stock	100	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Bekker Petrus C/O CHEMOCENTRYX, INC. 850 MAUDE AVENUE MOUNTAIN VIEW, CA 94043			SVP of Medical & Clinical				
Signatures							
/s/ Susan M. Kanaya, as Attorney-in-Fact							
**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).
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- (2) As of September 24, 2012 and prior to this transaction, the option fully vested.
- (3) Not applicable.

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.