## Edgar Filing: Stuart Nancy - Form 4

| Stuart Nancy   |  |                |  |                             |                                     |  |  |  |                                       |  |  |
|--|--|----------------|--|-----------------------------|-------------------------------------|--|--|--|---------------------------------------|--|--|
| Form 4   |  |                |  |                             |                                     |  |  |  |                                       |  |  |
| January 08, 2019   |  |                |  |                             |                                     |  |  |  |                                       |  |  |
| FORM 4   |  |                | CECU   |                             |                                     |  |  |  | OMB APPROVAL                          |  |  |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |  |                |  |                             |                                     |  | OMB<br>Number:                                   | 3235-0287  |                                       |  |  |
| Check this box   |  |                |  | -                           |                                     |  |  |  | January 31,                           |  |  |
| subject to<br>Section 16.  |  |                |  |                             |                                     | Expires: 2005<br>Estimated average<br>burden hours per |  |  |                                       |  |  |
| Form 4 or  |  |                |  |                             |                                     |  |  | response   | •                                     |  |  |
| Form 5<br>obligations  | -  |                |  |                             |                                     |  | ange Act of 1934,                                |  |                                       |  |  |
| may continue.  |  |                |  | nvestment                   | •                                   | - ·  | et of 1935 or Sectio                             | n  |                                       |  |  |
| See Instruction 1(b).  |  | 50(II)         | of the fi  | livestillent                | . Compa                             | IY ACT OF  | 1940   |  |                                       |  |  |
| 1(0).  |  |                |  |                             |                                     |  |  |  |                                       |  |  |
| (Print or Type Respon  | nses)  |                |  |                             |                                     |  |  |  |                                       |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Stuart Nancy           |  |                | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>CONCERT PHARMACEUTICALS,<br>INC. [CNCE] |                             |                                     |  | 5. Relationship of<br>Issuer                     | 5. Relationship of Reporting Person(s) to Issuer |                                       |  |  |
|  |  |                |  |                             |                                     |  | S, (Check all applicable)                        |  |                                       |  |  |
| (Last) (   | (First) (1   | Middle)        |  | of Earliest Ti<br>Day/Year) | ransaction                          |  | Director<br>X Officer (give                      | e title Oth                                      | % Owner<br>her (specify               |  |  |
| C/O CONCERT  |  |                | 01/04/2  | -                           |                                     |  | below)<br>Chief                                  | below)<br>Operating Offi                         | cer                                   |  |  |
| PHARMACEUT<br>HAYDEN AVEN  |  |                |  |                             |                                     |  |  | 1 0  |                                       |  |  |
| (Street)   |  |                | 4. If Amendment, Date Original Filed(Month/Day/Year)   |                             |                                     |  | 6. Individual or Joint/Group Filing(Check        |  |                                       |  |  |
|  |  |                |  |                             |                                     |  | Applicable Line)                                 |  |                                       |  |  |
| LEXINGTON, M   | /IA 02421  |                |  |                             |                                     |  | _X_ Form filed by (<br>Form filed by M<br>Person | One Reporting P<br>More than One R               |                                       |  |  |
| (City) (   | State)   | (Zip)          |  |                             |                                     |  |  |  |                                       |  |  |
| (City) (   | State)   | (Zip)          | Tab  | ole I - Non-I               | Derivative                          | Securities   | Acquired, Disposed of                            | f, or Beneficia                                  | lly Owned                             |  |  |
| Security (Mon  | 2. Transaction Date 2A. Dee<br>(Month/Day/Year) Executio<br>any<br>(Month/ |                |  |                             |                                     |  | Securities H                                     | Form: Direct                                     |                                       |  |  |
| (Instr. 3)   |  |                | Code<br>Day/Year) (Instr. 8)   |                             | Disposed of (D) (Instr. 3, 4 and 5) |  | Owned (  | D) or Indirect<br>I)<br>Instr. 4)                | Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|  |  |                |  |                             |                                     | (A)  | Reported   |  |                                       |  |  |
|  |  |                |  |                             |                                     | or   | Transaction(s)<br>(Instr. 3 and 4)               |  |                                       |  |  |
|  |  |                |  | Code V                      | Amount                              | (D) Pric   | e  |  |                                       |  |  |
| Reminder: Report on  | a separate line  | e for each cla | ass of sec   | urities benef               | ficially ow                         | ned 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)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4. 5. Number of<br>TransactiorDerivative<br>Code Securities<br>(Instr. 8) Acquired (A)<br>or Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) |        | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                     | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |                 |                                     |
|---|---|---|---|--|--------|--|---------------------|---|-----------------|-------------------------------------|
|   |   |   |   | Code V   | (A) (  | D)   | Date<br>Exercisable | Expiration<br>Date  | Title           | Amount<br>or<br>Number<br>of Shares |
| Employee<br>Stock<br>Option<br>(right to<br>buy)    | \$ 13.93  | 01/04/2019                              |   | A  | 75,000 |  | <u>(1)</u>          | 01/03/2029  | Common<br>Stock | 75,000                              |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                         |       |  |  |  |
|---|---------------|-----------|-------------------------|-------|--|--|--|
|   | Director      | 10% Owner | Officer                 | Other |  |  |  |
| Stuart Nancy<br>C/O CONCERT PHARMACEUTICALS, INC.<br>65 HAYDEN AVENUE, SUITE 3000N<br>LEXINGTON, MA 02421 |               |           | Chief Operating Officer |       |  |  |  |
| Signatures  |               |           |                         |       |  |  |  |
| /s/ Nancy Stuart 01/08/2010   |               |           |                         |       |  |  |  |

/s/ Nancy Stuart 01/08/2019

<u>\*\*</u>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) This option vests in sixteen equal quarterly installments beginning on April 4, 2019.

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.