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Axovant Sciences I Form 4	.td.					
April 19, 2017						
	UNITED STATES	SECURITIES AND EXC Washington D.C. 200		OMMISSION	OMB	PROVAL 3235-0287
Washington, D.C. 20549Number:323540Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 						
(Print or Type Response	es)					
1. Name and Address of Hung David	of Reporting Person [*]	2. Issuer Name and Ticker or ' Symbol	5. Relationship of Reporting Person(s) to Issuer			
		Axovant Sciences Ltd. [A]	XON]	(Check	all applicable)	
(Last) (Fi C/O AXOVANT S INC., 320 WEST 3 5TH FLOOR	SCIENCES,	3. Date of Earliest Transaction (Month/Day/Year) 04/17/2017		_X_ Director _X_ Officer (give t below) Principal		Owner · (specify cer
(Str	reet)	4. If Amendment, Date Original Filed(Month/Day/Year)		6. Individual or Joi Applicable Line) _X_ Form filed by Ou		
NEW YORK, NY	10018			Form filed by Mo Form filed by Mo Person		
(City) (Sta	ate) (Zip)	Table I - Non-Derivative S	Securities Acqu	ired, Disposed of,	or Beneficiall	y Owned
	saction Date 2A. Deem /Day/Year) Execution any (Month/D	Date, if Transactionor Dispose Code (Instr. 3, 4 ay/Year) (Instr. 8)	(A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common 04/17, Shares	'2017	Code V Amount P 539,375	(D) Price A \$ 18.54	539,375	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. 5. 6. Date Exercisable and TransactionNumber Expiration Date Code of (Month/Day/Year) (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
Repo	rting O	wners		Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owner Name / Address	Relationships				
hepoting of the Linne (Line ()	Director	10% Owner	Officer		
Hung David C/O AXOVANT SCIENCES, INC. 320 WEST 37TH STREET, 5TH FLOOR NEW YORK, NY 10018	X		Principal Executive Officer		
Signatures					
/s/Alison Haggerty, Attorney-in-Fact	04/19/2017	,			
**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).

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.

Other