### Edgar Filing: SUVARI TRICIA BORGA - Form 5

### SUVARI TRICIA BORGA

Form 5

February 14, 2019

FORM	л Л 5					OMB AF	PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION							3235-0362			
Check th no longer		Wa	shington, D	O.C. 20549	Number: Expires:	January 31, 2005				
to Section Form 4 o 5 obligati may cont	r Form ANN ions :inue.			HANGES IN BEN SECURITIES	Estimated average burden hours per response 1.0					
See Instru 1(b). Form 3 F Reported Form 4 Transacti Reported	Filed pur Holdings Section 17(	a) of the Public U	Itility Holdin	Securities Exchanging Company Act of 19	f 1935 or Section	1				
SUVARI TRICIA BORGA Sym				eker or Trading apeutics, Inc.	Issuer	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)	(First) (1	iddle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)				ve title 10% Owner Other (specify below)				
THERAPE	BAL BLOOD JUTICS, INC., 1 POINT BLVD., S	71			Chief	f Legal Officer				
	(Street)		endment, Date onth/Day/Year)	Original		or Joint/Group Reporting				
SOUTH SA FRANCISO	AN CO, CA 94080	)			_X_ Form Filed by O	One Reporting Pe More than One Re				
(City)	(State)	(Zip) Tab	ole I - Non-Der	rivative Securities Ac	quired, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)  (A) or Or Amount (D) Primary (D) Primar	D) Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	07/31/2018	Â	A4	Amount (D) Pri 419 (1) A \$ 35	10.704	D	Â			
	port on a separate line eficially owned direct		contained	ho respond to the din this form are not	required to respon	ond unless	SEC 2270 (9-02)			

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)		Price of		(Month/Day/Year)	(Instr. 8)	Derivative		Securities		(Instr. 5)	
		Derivative				Securities			(Instr.	3 and 4)	
		Security				Acquired					
						(A) or					
						Disposed					
						of (D)					
						(Instr. 3,					
						4, and 5)					
										Amount	
										or	
						Date Exercisable	Expiration Date	Title	Number		
									of		
						(A) (D)				Shares	

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

SUVARI TRICIA BORGA

C/O GLOBAL BLOOD THERAPEUTICS, INC. 171 OYSTER POINT BLVD., SUITE 300 SOUTH SAN FRANCISCO, CAÂ 94080

 $\hat{A}$   $\hat{A}$   $\hat{A}$  Chief Legal Officer  $\hat{A}$ 

of D

## **Signatures**

/s/ Lesley Ann Calhoun, as
Attorney-in-Fact
02/14/2019

\*\*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) Shares acquired pursuant to the Issuer's 2015 Employee Stock Purchase Plan in transactions that were exempt under both Rule 16b-3(d) and Rule 16b-3(c).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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