

Mirza Mansoor Raza  
Form 4  
May 11, 2018

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2005  
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Check 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 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 \*  
Mirza Mansoor Raza

2. Issuer Name and Ticker or Trading Symbol  
Karyopharm Therapeutics Inc.  
[KPTI]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
05/10/2018

Director  10% Owner  
 Officer (give title below)  Other (specify below)

C/O KARYOPHARM THERAPEUTICS INC., 85 WELLS AVENUE

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

NEWTON, MA 02459

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
				(A) or (D)	Price		
Common Stock	05/10/2018		M <sup>(1)</sup>	675	A \$ 0.264	675	D
Common Stock	05/10/2018		M <sup>(1)</sup>	1,325	A \$ 1.485	1,325	D
Common Stock	05/10/2018		S <sup>(1)</sup>	2,000	D \$ 18	0	D

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

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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 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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
Stock Option (right to buy)	\$ 0.264	05/10/2018		M <sup>(1)</sup>	675	<sup>(2)</sup> 12/13/2021	Common Stock	675
Stock Option (right to buy)	\$ 1.485	05/10/2018		M <sup>(1)</sup>	1,325	<sup>(3)</sup> 12/05/2022	Common Stock	1,325

## Reporting Owners

### Reporting Owner Name / Address

### Relationships

Director    10% Owner    Officer    Other

Mirza Mansoor Raza  
C/O KARYOPHARM THERAPEUTICS INC.  
85 WELLS AVENUE  
NEWTON, MA 02459

X

## Signatures

/s/ Christopher B. Primiano, Attorney-in-Fact for Mansoor Raza  
Mirza

05/11/2018

\*\*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) These transactions were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

(2) This option, representing a right to purchase a specified number of shares, vested as to 25% of the shares on June 18, 2013, and the remaining 75% vested in 36 equal monthly installments thereafter.

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- (3) This option, representing a right to purchase a specified number of shares, vested as to 25% of the shares on December 6, 2013, and the remaining 75% vested in 36 equal monthly installments thereafter.

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.