

Sloan Leslie
 Form 3
 March 08, 2019

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 * Â Sloan Leslie (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 03/06/2019	3. Issuer Name and Ticker or Trading Symbol Aeglea BioTherapeutics, Inc. [AGLE]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Operating Officer	5. If Amendment, Date Original Filed(Month/Day/Year)
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C/O AEGLEA
 BIOTHERAPEUTICS,
 INC.,Â 901 S. MOPAC
 EXPRESSWAY, SUITE 250
 (Street)

AUSTIN,Â TXÂ 78746
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	10/09/2027	Common Stock	55,000	\$ 5.975	D	Â
Employee Stock Option (right to buy)	Â (2)	02/19/2028	Common Stock	80,000	\$ 6.31	D	Â
Employee Stock Option (right to buy)	Â (3)	02/27/2029	Common Stock	72,000	\$ 8.36	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Sloan Leslie C/O AEGLEA BIOTHERAPEUTICS, INC. 901 S. MOPAC EXPRESSWAY, SUITE 250 AUSTIN, TX 78746	Â	Â	Â Chief Operating Officer	Â

Signatures

/s/ Charles N. York II, by power of attorney 03/08/2019

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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 stock option vested and became exercisable as to 1/4th of the shares subject to the option on August 28, 2018, and thereafter shall continue to vest and become exercisable as to 1/48th of the shares in equal monthly installments, until such time as the option is 100% vested, subject to the continuing employment of the Reporting Person on each vesting date.
 - (2) The stock option vested and became exercisable, and shall continue to vest and become exercisable, in 48 equal monthly installments beginning on March 20, 2018, until such time as the option is 100% vested, subject to the continuing employment of the Reporting Person on each vesting date.
 - (3) The stock option vests and becomes exercisable in 48 equal monthly installments beginning on March 31, 2019, until such time as the option is 100% vested, subject to the continuing employment of the Reporting Person on each vesting date.

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.