Edgar Filing: AERIE PHARMACEUTICALS INC - Form 4

AERIE PHARMACEUTICALS INC

Form 4

March 01, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

0.5

January 31, Expires: 2005

10% Owner

OMB APPROVAL

Estimated average

burden hours per

response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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

1(b).

C/O AERIE

(Print or Type Responses)

1. Name and Address of Reporting Person * MITRO THOMAS A

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

Symbol

AERIE PHARMACEUTICALS INC

(Check all applicable)

[AERI]

(Last) (First) (Middle) 3. Date of Earliest Transaction

Director X_ Officer (give title

(Month/Day/Year) 02/24/2016

Other (specify below) President and COO

PHARMACEUTICALS, INC.,, 2030

(Street)

MAIN STREET, SUITE 1500

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

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

IRVINE, CA 92614

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

Common

Stock

2. Transaction Date 2A. Deemed (Month/Day/Year)

02/24/2016

Execution Date, if

(Month/Day/Year)

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D)

Securities Beneficially Owned

Following

Reported

28,750

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A)

(1)

Transaction(s) (Instr. 3 and 4)

Code V

(Instr. 8)

Price Amount (D) 11,875 \$0

(Instr. 3, 4 and 5)

D

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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 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. Transactic Code (Instr. 8)	5. Number of orDerivative 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 16.69	02/24/2016		A	71,250	(2)	02/24/2026	Common Stock	71,250

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MITRO THOMAS A C/O AERIE PHARMACEUTICALS, INC., 2030 MAIN STREET, SUITE 1500 IRVINE, CA 92614

President and COO

Signatures

/s/ Richard J. Rubino, Attorney-in-Fact for Thomas A.

Mitro

02/29/2016

**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 shares of Common Stock are scheduled to vest, subject to the reporting person's continued employment with the issuer through the applicable vesting date, in four equal annual installments on the anniversary of February 24, 2016.
- (2) This option is scheduled to vest, subject to the reporting person's continued employment with the issuer through the applicable vesting date, ratably on each of the 48 monthly anniversaries of February 24, 2016.

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.

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