## Edgar Filing: Viking Therapeutics, Inc. - Form 4

Viking Therapeuti Form 4	ics, Inc.	Ū	U	Ū	·						
January 05, 2017 FORM 4	UNITED	SECURITIES AND EXCHANGE COMM					OMMISSIC		ОМВ	APPROVAL 3235-02	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	suant to S a) of the I	Washington, D.C. 20549 F CHANGES IN BENEFICIAL OW SECURITIES Section 16(a) of the Securities Exchang Public Utility Holding Company Act of of the Investment Company Act of 19				hange A	Act of 1934	)F         	Expires: January Expires: 2( Estimated average burden hours per response		
(Print or Type Respon	ises)										
1. Name and Address of Reporting Person <u>*</u> FOEHR MATTHEW W			2. Issuer Name <b>and</b> Ticker or Trading Symbol Viking Therapeutics, Inc. [VKTX]				Is	5. Relationship of Reporting Person(s) to Issuer			
(Last) (l	First) (N	Middle)	3. Date of Earliest Transaction				(C.	(Check all applicable)			
C/O VIKING THERAPEUTICS, INC., 12340 EL CAMINO REAL, SUITE 250			(Month/Day/Year) 01/03/2017			_	_X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street) SAN DIEGO, CA 92130			4. If Amendment, Date Original Filed(Month/Day/Year)				A 	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (S	State)	(Zip)	Tab	le I - Non-D	erivative	Securities	s Acqui	red, Disposed	d of, o	r Beneficia	lly Owned
	nsaction Date th/Day/Year)		Date, if	Transaction Code (Instr. 8)	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	Sect Ben Owr Foll Rep Trai	mount of urities eficially ned owing orted nsaction(s) tr. 3 and 4)	Forr (D) (I)	wnership n: Direct or Indirect tr. 4)	7. Nature or Indirect Beneficial Ownership (Instr. 4)
				Code V	Amount	(D) Prio	ce	u. o und Tj			
Reminder: Report on	a separate line	for each cla	ass of secu	nities benef	Perso inform requir	ns who r nation co red to res	respon ontaine spond	lirectly. d to the coll d in this for unless the f valid OMB c	rm are iorm	e not	SEC 1474 (9-02)
	Tabl	e II - Deriv	ative Sec	urities Acqu	uired, Dis	posed of,	or Bene	eficially Own	ed		

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionDerivative	Expiration Date	Underlying Securities

3235-0287 January 31, 2005

7. Nature of Indirect Beneficial Ownership (Instr. 4)

0.5

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## **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.