MAHAFFY PATRICK J

Form 4

March 05, 2012

FORM 4

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

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)

(Last)

(City)

1. Title of

Security

(Instr. 3)

1. Name and Address of Reporting Person * MAHAFFY PATRICK J

(First)

(Middle)

(Zip)

2. Transaction Date 2A. Deemed

(Month/Day/Year) Execution Date, if

C/O CLOVIS ONCOLOGY. INC., 2525 28TH STREET, SUITE

100

(Street)

(State)

BOULDER, CO 80301

2. Issuer Name and Ticker or Trading

Symbol

Clovis Oncology, Inc. [CLVS]

3. Date of Earliest Transaction (Month/Day/Year) 03/01/2012

4. If Amendment, Date Original

Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities 3. TransactionAcquired (A) or

(Month/Day/Year) (Instr. 8)

Code Disposed of (D)

(Instr. 3, 4 and 5)

(A) Transaction(s)

or (Instr. 3 and 4) Code V Amount (D) Price

5. Amount of 6. Ownership

Securities Beneficially Owned Following

Issuer

below)

_X__ Director

X_ Officer (give title

Form: Direct Reported

(D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

> SEC 1474 (9-02)

7. Nature of

Indirect

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

President and CEO

6. Individual or Joint/Group Filing(Check

Form filed by More than One Reporting

10% Owner

Other (specify

Estimated average

burden hours per

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

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 Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Conversion

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

5. Number of TransactionDerivative

6. Date Exercisable and **Expiration Date**

7. Title and Amount of **Underlying Securities**

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	Securities (Mor Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		`	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 24.74	03/01/2012		A	150,000		<u>(1)</u>	03/01/2022	Common Stock	150,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
topolong o who I want o	Director	10% Owner	Officer	Other			
MAHAFFY PATRICK J C/O CLOVIS ONCOLOGY, INC. 2525 28TH STREET, SUITE 100 BOULDER, CO 80301	X		President and CEO				

Signatures

/s/ Patrick J.
Mahaffy

**Signature of Date

**Signature of D
Reporting Person

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).

The option is immediately exercisable as to both vested and unvested shares. The option shall vest as to 25% of the shares on March 1, 2013 and the remainder shall vest in substantially equal installments over the 36 months immediately following such date. To the extent the reporting person exercises the option as to unvested shares, the reporting person will receive restricted shares that will vest in accordance with the vesting schedule for the option.

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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