## Edgar Filing: SPICKSCHEN THORLEF - Form 4

SPICKSCH	HEN THORLEF										
Form 4											
June 15, 20								OMB A	PPROVAL		
FOR	VI 4 UNITED	STATES					COMMISSION				
Check this box Washington, D.C. 20549								Number:	3235-0287		
if no lo	onger STATEN	MENT O	<b>PF CHANGES IN BENEFICIAL OV</b>				WNERSHIP OF	Expires:	January 31, 2005		
subject Section	. 10				RITIES			Estimated burden hor			
Form 4 or Form 5 Eiled pursuant t								response			
obligat may co	ions Section 17	(a) of the	Public U	Jtility Hol	ding Co		nge Act of 1934, of 1935 or Section 940	on			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> SPICKSCHEN THORLEF			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
				Oncology		-	(Che	ck all applicabl	e)		
(Last)	(First) (	Middle)		of Earliest T Day/Year)	ransaction		_X_ Director	109	% Owner		
	VIS ONCOLOGY 5 28TH STREET,		06/14/2	-			Officer (giv below)		her (specify		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			al	6. Individual or Joint/Group Filing(Check Applicable Line)				
BOULDE	R, CO 80301						_X_ Form filed by Form filed by Person	One Reporting P More than One R			
(City)	(State)	(Zip)	Tal	ole I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: R	eport on a separate line	e for each cl	lass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					Perso infor requi	ons who res nation cont red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	i are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	Beneficially Owned securities)	I			
		saction Date /Day/Year)			4. Transact	5. Number iorDerivative			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 Acquired (A) or Disposed (D) (Instr. 3, 4, and 5)		′ear)	(Instr. 3 and	4)
				Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 19.46	06/14/2012		A	12,414	06/14/2013	06/14/2022	Common Stock	12,414

## **Reporting Owners**

Reporting Owner Name / Address		Relationships			
	Director	10% Owner	Officer	Other	
SPICKSCHEN THORLEF C/O CLOVIS ONCOLOGY, INC. 2525 28TH STREET, SUITE 100 BOULDER, CO 80301	х				
Signatures					
/s/ Thorlef Spickschen 06/15/2	012				
<u>**</u> Signature of Date Reporting Person	2				

## **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.