#### MAHAFFY PATRICK J

Form 5

February 13, 2013

#### **OMB APPROVAL** FORM 5

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 Check this box if no longer subject to Section 16.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form OWNERSHIP OF SECURITIES

See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported 30(h) of the Investment Company Act of 1940 Form 4

Transactions Reported

5 obligations

may continue.

2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer				
Clovis Oncology, Inc. [CLVS] 3. Statement for Issuer's Fiscal Year Ended	(Check all applicable)				
(Month/Day/Year) 12/31/2012	_X_ Director 10% OwnerX_ Officer (give title Other (specify				
	below) below) President and CEO				
	riesident and CEO				
	Symbol Clovis Oncology, Inc. [CLVS] 3. Statement for Issuer's Fiscal Year Ended				

100

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

**OMB** 

Number:

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January 31,

2005

1.0

### BOULDER, Â COÂ 80301

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting

(City)	(State)	Zip) Tabl	Table I - Non-Derivative Securities Acquired, Disposed of, o						ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	Acquired Disposed	4. Securities Acquired (A) or Disposed of (D) Instr. 3, 4 and 5)  (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	06/14/2012	Â	G <u>(1)</u>	1,000	D	\$0	939,787	D	Â
Common Stock	06/14/2012	Â	G <u>(1)</u>	1,000	D	\$0	938,787	D	Â
Common Stock	06/14/2012	Â	G <u>(1)</u>	1,000	A	\$0	939,787	I	By son
Common Stock	06/14/2012	Â	G <u>(1)</u>	1,000	A	\$0	940,787	I	By daughter

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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.

SEC 2270 (9-02)

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## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									<b>A</b>		
									Amount		
						Date	Expiration	TC:41	or		
						Exercisable Date	Title Number				
					(A) (D)				of		
					(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other			
MAHAFFY PATRICK J C/O CLOVIS ONCOLOGY, INC. 2525 28TH STREET, SUITE 100 BOULDER, CO 80301	ÂX	Â	President and CEO	Â			

## **Signatures**

/s/ Patrick J.
Mahaffy

\*\*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).
- The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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