## Edgar Filing: Clovis Oncology, Inc. - Form 4

Clovis Onc Form 4	ology, Inc.									
March 04, 2										
FOR	VI 4 <sub>UNITED</sub>	STATES	SECU	RITIES A	AND EX	CHANGE	<b>COMMISSION</b>		APPROVAL	
Check this box						Number:	3235-0287			
if no lo subject	to <b>STATEN</b>	MENT OF	Expires: Estimated							
							burden hor response n	•		
(Print or Type	e Responses)									
1. Name and MAST ER	Address of Reporting LE T	Person <u>*</u>	Symbol	er Name <b>an</b> Oncology			5. Relationship of Issuer	Reporting Per	rson(s) to	
(Last)	(Last) (First) (Middle)			of Earliest T	_	-	(Chec	le)		
C/O CLOVIS ONCOLOGY, INC., 2525 28TH STREET, SUITE 100			(Month/Day/Year) 03/02/2015				Director 10% Owner X_ Officer (give title Other (specify below) Executive VP and CFO			
	4. If Amendment, Date Original Filed(Month/Day/Year)			al	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
BOULDE	R, CO 80301						Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	cquired, Disposed of	f, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if		Disposed	(A) or of (D)	SecuritiesFBeneficially(Owned(	5. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	eport on a separate line	e for each cla	iss of sec	urities bene	ficially ow	ned directly o	or indirectly.			
					inforr requi	nation cont red to respo ays a curre	spond to the collec tained in this form ond unless the form ntly valid OMB con	are not m	SEC 1474 (9-02)	
	Tab					sposed of, or convertible s	Beneficially Owned securities)			
		saction Date /Day/Year)			4. Transact	5. Number iorDerivative			7. Title and Amount of Underlying Securities	8 I

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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 of (D) (Instr. 3, 4, and 5)	(Month/Day/	y/Year) (Instr. 3 and 4)		4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 79.05	03/02/2015		A	35,000	<u>(1)</u>	03/02/2025	Common Stock	35,000	
Reporting Owners										

## **Reporting Owners**

Reporting Owner Nam	e / Address	Relationships						
	Director	10% Owner	Officer	Other				
MAST ERLE T C/O CLOVIS ONCOL 2525 28TH STREET, BOULDER, CO 8030	SUITE 100		Executive VP and CFO					
Signatures								
/s/ Erle T. Mast	03/04/2015							
delta se a								

<u>\*\*</u>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 option shall vest as to 12.5% of the shares on March 2, 2016, and as to 37.5% of the shares in substantially equal installments over the 36 months immediately following such date. The option shall vest as to 25% of the shares upon the approval by the U.S. Food and

(1) The sometime approval by the 0.5. Food and Drug Administration to commercially distribute, sell or market Rociletinib and the remaining 25% shall vest upon the approval by the U.S. Food and Drug Administration to commercially distribute, sell or market Rucaparib.

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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