Tokai Pharmaceuticals Inc Form 4

FORM 4

June 12, 2015

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

OMB APPROVAL

3235-0287

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0.5

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if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person 2. Issu Novartis Bioventures Ltd Symbol		er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
		Tokai F	harmaceu	iticals Inc	TK.	AI]	(Che	ck all applicable	e)	
(Last)	(First) (N	Middle) 3. Date o	f Earliest Tr	ransaction						
			(Month/Day/Year)				Director Officer (give	X 109	6 Owner er (specify	
131 FRON	06/11/2	06/11/2015					below)	a (specify		
	(Street)	4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
		Filed(Mo	nth/Day/Year)			Applicable Line)	0 D / D		
HAMILTON, D0 HM 12							Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person			
(City)	(State)	(Zip) Tab	le I - Non-D	Perivative S	Securit	ties Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if		ion(A) or Disposed of (D)		Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3,	and 5))	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Wolling Buyl Tear)	(111341.0)				Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported			
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common						\$				

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumb	oer	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of		(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriva	ative	•		Secur	ities	(Instr. 5)	Bene
	Derivative				Securi	ities			(Instr.	3 and 4)		Own
	Security				Acqui	ired			`			Follo
	•				(A) or	r						Repo
					Dispos							Trans
					of (D)							(Instr
					(Instr.							(
					4, and	_ ′						
					.,	,						
				Code V	(A) ((D)	Date	Expiration	Title	Amount		
							Exercisable	Date		or		
										Number		
										of		
										Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer Oth				
Novartis Bioventures Ltd 131 FRONT STREET HAMILTON, D0 HM 12		X					
NOVARTIS AG LICHTSTRASSE 35 BASEL, V8 4056		X					

Signatures

/s/ Michael Jones, Director and /s/ Simon Zivi, Director of Novartis BioVentures Ltd.				
**Signature of Reporting Person	Date			
/s/ Michael Jones, by Power of Attorney on behalf of Novartis AG; and /s/ Simon Zivi, by Power of Attorney on behalf of Novartis AG	06/12/2015			
**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).
- (1) These shares are directly owned by Novartis BioVentures Ltd. Novartis BioVentures Ltd. is a wholly-owned indirect subsidiary of Novartis AG, which is an indirect beneficial owner of the reported securities.

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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