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SCARLETT Form 4 June 11, 201											
FORM	Л	STATES		RITIES A			E COMMISSION		PPROVAL 3235-0287		
Check th if no long subject to Section 1 Form 4 of Form 5 obligation may com <i>See</i> Instr 1(b).	ger 5. 6. 5. 5. 6. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5	rsuant to So (a) of the P	CHAN ection	NGES IN SECUI 16(a) of th Itility Hol	BENEI RITIES ne Secur Iding Co	FICIAL O	WNERSHIP OF ange Act of 1934, t of 1935 or Sectio 1940	Expires: Estimated burden hou response	urs per		
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> SCARLETT JOHN A			2. Issuer Name and Ticker or Trading Symbol CHIASMA, INC [CHMA]				5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) C/O CHIASMA, INC., 460 TOTTEN POND RD, SUITE 530			3. Date of Earliest Transaction (Month/Day/Year) 06/07/2018			(Check all applicable) <u>X</u> Director <u>Officer (give title</u> below) Director <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u>					
(Street) 4. If Amendment Filed(Month/Day/ WALTHAM, MA 02451					ay/Year) Applicable Line) _X_Form filed by 0 Form filed by M			int/Group Filing(Check Dne Reporting Person fore than One Reporting			
(City)	(State)	(Zip)	Tab	de I - Non-	Derivativ	e Securities .	Person Acquired, Disposed o	f. or Beneficia	llv Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemer Execution I any (Month/Day	d Date, if	3. Transactic Code	4. Securi onAcquired Disposed (Instr. 3,	ities d (A) or d of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Reminder: Rep	oort on a separate line	e for each cla	ss of sec	urities bene	Pers infor requ	ons who re mation con ired to resp ays a curre	or indirectly. spond to the collect stained in this form bond unless the for ently valid OMB col	are not m	SEC 1474 (9-02)		

 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. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year) (Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(
			Code V	(A)	(D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy) (1)	\$ 1.45	06/07/2018	А	13,000	<u>(2)</u>	06/07/2028	Common Stock	13,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
SCARLETT JOHN A C/O CHIASMA, INC. 460 TOTTEN POND RD, SUITE 530 WALTHAM, MA 02451	Х					
Signatures						
/s/ Mark J. Fitpatrick, Attorney-in-Fact	06/11	/2018				
**Signature of Reporting Person	D	ate				

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) Stock Option granted in accordance with the Issuer's Non-Employee Director Compensation Policy.
- (2) The shares of Common Stock underlying the option will vest upon the earlier of (1) June 7, 2019 and (ii) the date of the Issuer's 2019 annual meeting of the stockholders.

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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