FATE THERAPEUTICS INC

Form 4 May 18, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB Number:

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obligations

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

may continue. See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Storgard Chris

2. Issuer Name and Ticker or Trading

Symbol

FATE THERAPEUTICS INC

[FATE]

(Check all applicable)

Chief Medical Officer

5. Relationship of Reporting Person(s) to

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)

Filed(Month/Day/Year)

05/16/2016

Director X_ Officer (give title below)

Issuer

10% Owner Other (specify

C/O FATE THERAPEUTICS. **INC., 3535 GENERAL ATOMICS** COURT, SUITE 200

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

SAN DIEGO, CA 92121

(City) (State)

(Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

Stock

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

(1)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

Common 05/16/2016

Code V Price Amount (D) 9,090 \$0 Α

(A)

9,090

D

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

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

(9-02)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orderivative Securities Acquired (A) or Disposed of (I (Instr. 3, 4, and 5)	Expiration I (Month/Day or	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock option (right to buy) (2)	\$ 1.54	05/16/2016		A	200,000	(3)	05/15/2026	Common Stock	200,000	

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Storgard Chris C/O FATE THERAPEUTICS, INC. 3535 GENERAL ATOMICS COURT, SUITE 200 SAN DIEGO, CA 92121

Chief Medical Officer

Signatures

/s/ Cindy R. Tahl, as Attorney-in-Fact 05/18/2016

**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) Represents shares being issued pursuant to the Company's 2013 Stock Option and Incentive Plan as a portion of a signing bonus in connection with Dr. Storgard's agreement to enter into employment with the Company.
- (2) This stock option is an inducement grant made under the Company's Inducement Equity Incentive Plan (the "Inducement Plan") pursuant to NASDAQ Stock Market Rule 5635(c)(4).
- Pursuant to the Inducement Plan, Dr. Storgard was granted an option to buy 200,000 shares of Common Stock. Twenty five percent of the shares subject to this option shall vest and become exercisable on May 16, 2017 and 1/48th of the shares shall vest and become exercisable monthly thereafter, so that one hundred percent of the shares shall be vested and exercisable on May 16, 2020.
- (4) Not applicable.

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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