Edgar Filing: OTONOMY, INC. - Form 4

OTONOMY, INC Form 4										
March 08, 2017									APPRO	VAL
	UNITED S	STATES		RITIES A			E COMMISSIO	N OMB Number:	323	35-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								Estimate burden h response	d averag Iours per	
(Print or Type Response	ses)									
1. Name and Address Savel Robert Mic	2. Issuer Name and Ticker or Trading Symbol OTONOMY, INC. [OTIC]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (F C/O OTONOMY EXECUTIVE DR	3. Date of Earliest Transaction (Month/Day/Year) 03/06/2017			Director 10% Owner X Officer (give title Other (specify below) below) Chief Technical Officer						
(s SAN DIEGO, CA	4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 						
(City) (S	state)	(Zip)	Tab	le I - Non-I	Derivati	ve Securities	Acquired, Disposed	of, or Benefic	cially Own	ned
	nsaction Date h/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Dispos (Instr. 1	ed (A) or ed of (D) 3, 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 Indirec (I) (Instr. 4)	Indired	ct icial rship
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 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
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

Edgar Filing: OTONOMY, INC. - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.		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
Employee Stock Option (right to buy)	\$ 14	03/06/2017		A		50,000		<u>(1)</u>	03/06/2027	Common Stock	50,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Savel Robert Michael II C/O OTONOMY, INC. 4796 EXECUTIVE DRIVE SAN DIEGO, CA 92121			Chief Technical C	Officer				
Signatures								
/s/ Eric J. Loumeau, by power attorney	of	03/08	3/2017					
**Signature of Reporting Person		Da	ate					
Evolopation of Da	onon	0001						

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) One-fourth (1/4) of the shares subject to the option vest on March 6, 2018 and one forty-eighth (1/48) of the shares vest monthly thereafter.
- (2) In addition to the option to purchase 50,000 shares of common stock as set forth on Table II, the Reporting Person currently holds options to purchase up to 197,041 shares of common stock, which options vest according to their terms.

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.