Owens Julia C.

Form 3 December 11, 2	2018								
	FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB APPROVAL		
. •	•		Washington, D.C. 20549				OMB Number:	3235-0104	
	INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF						Expires:	January 31 2005	
		on 17(a) of	SECURI t to Section 16(a) of the t the Public Utility Holdi 0(h) of the Investment C	Securities E	Act of 193		Estimated a burden hour response	verage	
(Print or Type Res	sponses)								
1. Name and Add Person <u>*</u> Owens Juli		oorting	2. Date of Event Requiring Statement (Month/Day/Year)	Millendo Therapeutics, Inc. [ML					
(Last)	(First)	(Middle)	12/07/2018	4. Relationsh Person(s) to I	ip of Reporting ssuer		Amendment, Da Month/Day/Year	-	
C/O MILLEN THERAPEUT N. MAIN ST.,	TICS, INC			(Check	all applicable)		Wondi/Day/Tea	,	
	(Street)	(give title below) (specify below) Filin President and CEO		dividual or Joint/Group g(Check Applicable Line) Form filed by One Reporting					
ANN ARBOR	R, MI -	48104					orm filed by Mor ing Person	e than One	
(City)	(State)	(Zip)	Table I - N	Non-Derivat	rivative Securities Beneficially Owned				
1.Title of Securit (Instr. 4)	y		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Benefi	cial	
Reminder: Report owned directly or		ate line for e	ach class of securities benefic	ially S	EC 1473 (7-02)			
	inform requir	nation cont ed to respo	spond to the collection of ained in this form are not ond unless the form displ MB control number.	t					
Tal	ble II - Der	ivative Secu	urities Beneficially Owned (e	.g., puts, calls	warrants, opt	ions, convert	ible securities)	

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration ' Date	Title	Amount or Number of	Security	Security: Direct (D)	

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Shar	es or Indirect
	(I)
	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Owens Julia C. C/O MILLENDO THERAPEUTICS, INC 301 N. MAIN ST., SUITE 100 ANN ARBOR, MI 48104	ÂX	Â	President and CEO	Â			
Signatures							
/s/ Jeffery M. Brinza, Attorney-in-Fact	12/11/201	8					
**Signature of Reporting Person	Date						
Explanation of Responses:							
No securities are beneficially owned							
* If the form is filed by more than one reporting person, <i>see</i> Instruction 5(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).

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Remarks:

No securities are beneficially owned.

Exhibit List - Exhibit 24 - Power of Attorney

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.