## Edgar Filing: Noonan Michael David - Form 4

Noonan Mic	hael David											
Form 4												
July 20, 201	8											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	OMB APPROVAL		
	• • UNITED	STATES S			AND EX( , D.C. 20		NGE CO	OMMISSION	OMB Number:	3235-0287		
Check th				U					Expires:	January 31,		
if no longer subject to Section 16. STATEMENT OF CHAN				IGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per			
Form 4 c		~		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ·				response	0.5		
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type ]	Responses)											
Noonan Michael David Symbol					d Ticker or		]	5. Relationship of Reporting Person(s) to Issuer				
		1	FINJAP	HOLDI	INGS, IN	C. [F	INJINJ	(Check all applicable)				
(Last)	(First) (I			Earliest T	ransaction							
	N HOLDINGS, UNIVERSITY A	(	Month/D 07/18/2	0ay/Year) 018				Director _X Officer (give t below) Chief F		Owner r (specify er		
								6. Individual or Joint/Group Filing(Check				
								Applicable Line)				
E. PALO A	LTO, CA 94303						-	_X_ Form filed by On Form filed by Mo Person				
(City)	(State)	(Zip)	Tabl	e I - Non-l	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	4. Securiti onor Dispose (Instr. 3, 4 Amount	ed of (	D)	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 Beneficial Ownership (Instr. 4)		
Common Stock	07/18/2018			S	23,502 (1)	D	\$ 5.0102 (2)	59,500	D			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Transactic Code (Instr. 8)	5. onNumber of Derivativ Securities Acquired	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo
					<ul><li>(A) or</li><li>Disposed</li><li>of (D)</li><li>(Instr. 3,</li><li>4, and 5)</li></ul>						Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	oi Title N oi	lumber		
Repo	rting O	wners									

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Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Noonan Michael David C/O FINJAN HOLDINGS, INC. 2000 UNIVERSITY AVE, SUITE 600 E. PALO ALTO, CA 94303				Chief Financial Officer				
Signatures								
/s/ Michael Noonan	07/20/2018							
<u>**</u> Signature of	Date							

Reporting Person

## **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 of common stock sold pursuant to a 10b5-1 trading plan entered into as of August 25, 2015.
- Weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.00 to \$5.0601 inclusive. The reporting
- (2) person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above.

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.