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Zosano Phari	ma Corp										
Form 4											
August 22, 2	016										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								PPROVAL			
	UNITE	D STATES			ND EX(D.C. 20:		NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box									Expires:	January 31,	
if no long subject to	SIAIR	EMENT O	F CHAN	GES IN	BENEFI	CIA	L OW	NERSHIP OF		2005	
Section 1				SECURITIES					Estimated a burden hou		
Form 4 or	r								response 0.		
Form 5	Filed p	ursuant to	Section 1	6(a) of th	e Securit	ies Ex	chang	e Act of 1934,			
obligatior may conti		7(a) of the	Public Ut	ility Hold	ding Com	ipany	Act of	1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Act	of 194	10			
1(b).											
(Print or Type R	Responses)										
1 Name and A	ddress of Reportir	ng Person *	2 1	News		T	_	5. Relationship of	Reporting Pers	son(s) to	
Erbez Georg	Symbol	2. Issuer Name and Ticker or Trading				Issuer					
			•	Pharma (Corp [ZS]	A NI					
					1 -	-11 Y J		(Chec	k all applicable	;)	
(Last)	(First)	(Middle)		Earliest Tr	ansaction					_	
			(Month/D	-				Director X_ Officer (give		Owner er (specify	
	NO PHARMA		08/19/20)16				below)	below)	(speeny	
ARDENTE	ΓΙΟΝ, 34970							Iı	nterim CFO		
ARDENTE	CHCOUKI										
			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
	GA 04555								Ine Reporting Pe Iore than One Re		
FREMONT,	, CA 94555							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	med	3.	4. Securit	ties Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	ar) Executio	on Date, if	Transactio	on(A) or Di	•		Securities	Form: Direct	Indirect	
(Instr. 3)		any		Code	(Instr. 3,	4 and 5	5)	Beneficially Owned	(D) or	Beneficial	
		(Month/	Day/Year)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	(mour. r)	(insu: i)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	00/10/2016						\$	17 750	D		
Stock	08/19/2016			Р	47,750	А	1.32	47,750	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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Series A Warrants (right to buy)	\$ 1.45	08/19/2016		Р	47,750	08/19/2016	08/26/2017	Common Stock	47,750
Series B Warrants (right to buy)	\$ 1.55	08/19/2016		Р	47,750	08/19/2016	08/19/2021	Common Stock	47,750

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Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Erbez Georgia C/O ZOSANO PHARMA CORPORATION 34970 ARDENTECH COURT FREMONT, CA 94555			Interim CFO			
Signatures						
/s/ Jeffrey L. Quillen, attorney-in-fact for Geo Erbez	rgia	08/22/2016				
<u>**</u> 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).

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.