Edgar Filing: ENDOCYTE INC - Form 4

ENDOCYTE	INC										
Form 4											
February 03,											
FORM	4		CECUD			TT 4 N				PPROVAL	
	- UNITE	DSIAIES			ND EXC D.C. 205		IGE (COMMISSION	OMB Number:	3235-0287	
Check thi	s box		vv a5	inington,	D.C. 203	42				January 31,	
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005	
Section 16. SECURITE										average	
Form 4 or									burden hou response	0.5	
Form 5		•					•	ge Act of 1934,			
obligation may conti				•				f 1935 or Sectio	n		
<i>See</i> Instru 1(b).		30(h)	of the Inv	vestment	Company	Y Act	of 194	40			
(Print or Type R	esponses)										
Armour Alison A. Symbol				ssuer Name and Ticker or Trading ool OOCYTE INC [ECYT]				5. Relationship of Reporting Person(s) to Issuer			
				Date of Earliest Transaction				(Check all applicable)			
(Month/D				nth/Day/Year)			Director	10%	Owner		
				02/02/2017				X_ Officer (give title Other (specify below) below) Chief Medical Officer			
				nendment, Date Original			6. Individual or Joint/Group Filing(Check				
				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
WEST LAF.	AYETTE, IN	47906							Ine Reporting Pe Iore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			SecuritiesIBeneficially0OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	02/02/2017			A	20,000 (1)	A	\$ 0	50,000	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)

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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. Transacti Code (Instr. 8)	TransactionDerivative Code Securities		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	
Stock Option (right to buy)	\$ 2.16	02/02/2017		А	40,000	(2)	02/02/2027	Common Stock	40,000	

Reporting Owners

Reporting Owner Name / Address]	Relationships	
	Director	10% Owner	Officer	Other
Armour Alison A. 3000 KENT AVE, SUITE A1-100 WEST LAFAYETTE, IN 47906			Chief Medical Officer	
Signatures				

/s/ Michael A. Sherman, Attorney-in-Fact for Alison A. Armour (power of attorney previously filed)				
<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).
- (1) Represents restricted stock units that will vest and be paid 1/4 annually over a period of 4 years beginning on February 2, 2018, in the form of one share of common stock for each restricted stock unit.
- (2) Shares subject to the option vest 1/4 annually over a period of 4 years beginning on February 2, 2018.

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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