Edgar Filing: Prothena Corp plc - Form 4

Prothena Corj Form 4 June 30, 2015	•								
FORM	4		GEGU			r	PPROVAL		
	UNITED	STATES		RITIES AND EXCHANGE Ishington, D.C. 20549	COMMISSION	OMB Number:	3235-0287		
Check this if no longe	A.F.					Expires:	January 31, 2005		
subject to STATEMENT OF CHANGES				NGES IN BENEFICIAL O' SECURITIES	ES IN BENEFICIAL OWNERSHIP OF ECURITIES				
Form 4 or							irs per 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 R	esponses)								
1. Name and Address of Reporting Person <u>*</u> Harfstrand Karl Anders Olof			Symbol Issuer Prothena Corp plc [PRTA]		Reporting Person(s) to				
(Last) (First) (Middle)			3. Date of Earliest Transaction		(Check all applicable)				
C/O PROTHENA BIOSCIENCES INC, 650 GATEWAY BOULEVARD				Day/Year)	X Director Officer (give below)	Officer (give title Other (specify			
(Street) 4. If Amendment, Date Orig Filed(Month/Day/Year)			-	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
SOUTH SAN FRANCISCO					Form filed by M Person	More than One Ro	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-Derivative Securities A	Acquired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution any (Month/Da		Date, if TransactionAcquired (A) or Code Disposed of (D)		SecuritiesHBeneficially(Owned(5. Ownership Form: Direct D) or Indirect I) Instr. 4)	Indirect			
				Code V Amount (D) Price	(msu. 5 and 4)				

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)

Reporting Owners

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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)	Execution Date, if TransactionDa any Code Se (Month/Day/Year) (Instr. 8) Ad or (D (Instr. 8) (Instr. 8) (D (Instr. 8) (D))		5. Number of 6. Date Exercisable deprivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (,
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 49.6	06/29/2015		A	30,000	<u>(1)</u>	06/28/2025	Ordinary Shares	30,000	

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Harfstrand Karl Anders Olof C/O PROTHENA BIOSCIENCES INC 650 GATEWAY BOULEVARD SOUTH SAN FRANCISCO, CA 94080	Х			
Signatures				
/s/ A.W. Homan, as Attorney-in-Fact for Harfstrand	06/30/2015			

**Signature of 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).

The shares subject to the option will vest and become exercisable as to 33 1/3% of the total number of shares subject to the option on the first anniversary of the grant date, 33 1/3% on the second anniversary of the grant date, and the remaining 33 1/3% on the earlier of the

(1) third anniversary of the grant date or the day prior to the annual general meeting in 2018 of the Issuer's shareholders, assuming continuous services as a director until each such vesting date.

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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Date