

Clovis Oncology, Inc.  
 Form 3  
 April 01, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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)

<p>1. Name and Address of Reporting Person *</p> <p><b>Â MUEHL DANIEL W</b></p> <p>(Last) (First) (Middle)</p> <p><b>C/O CLOVIS ONCOLOGY, INC.,Â 5500 FLATIRON PARKWAY</b></p> <p>(Street)</p> <p><b>BOULDER,Â COÂ 80301</b></p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p><b>03/31/2016</b></p>	<p>3. Issuer Name <b>and</b> Ticker or Trading Symbol</p> <p><b>Clovis Oncology, Inc. [CLVS]</b></p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner  <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other                  (give title below) (specify below)                  See remarks</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible 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)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable      Expiration Date	Title      Amount or Number of			

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				Shares		or Indirect (I) (Instr. 5)	
Stock option (right to buy)	Â (1)	07/06/2025	Common Stock	35,000	\$ 84.83	D	Â
Stock option (right to buy)	Â (2)	03/01/2026	Common Stock	5,000	\$ 19.37	D	Â
Stock option (right to buy)	Â (1)	03/01/2026	Common Stock	7,500	\$ 19.37	D	Â
Restricted Stock Units	Â (3)	03/01/2026	Common Stock	2,500	\$ (4)	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MUEHL DANIEL W C/O CLOVIS ONCOLOGY, INC. 5500 FLATIRON PARKWAY BOULDER, CO 80301	Â	Â	Â See remarks	Â

## Signatures

/s/ Daniel W. Muehl 04/01/2016

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see 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).
- (1) The option shall vest as to 25% of the shares on July 6, 2016, and the remainder shall vest in substantially equal installments over the 48 months immediately following such date.
- (2) The option shall vest as to 50% of the shares on March 1, 2017, and the remainder shall vest on March 1, 2018.
- (3) The restricted stock units shall vest as to 50% of the units on March 1, 2017, and the remainder shall vest on March 1, 2018.
- (4) Each restricted stock unit represents the right to receive one share of Common Stock.

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### Remarks:

Vice President of Finance, Principal Financial Officer and Principal Accounting Officer

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.