## Edgar Filing: SYNERGY PHARMACEUTICALS, INC. - Form 4

Form 4	PHARMACEUT	TICALS, I	NC.								
June 12, 2014 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). JUNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 Section 17(a) of the Public Utility Holding Company Act of 1935 or S 30(h) of the Investment Company Act of 1940					W <b>NERSHIP OF</b> ge Act of 1934, of 1935 or Sectio	Number: 3235-0287 Number: January 31 Expires: 2005 Estimated average burden hours per response 0.5					
(Print or Type	e Responses)										
1. Name and McGuigan	Person <u>*</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol SYNERGY PHARMACEUTICALS, INC. [SGYP]				0	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				of Earliest T Day/Year) 2014	ransaction			X Director Officer (giv below)	ve title109 below)	% Owner her (specify	
NEW YO	(Street) RK, NY 10170		4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State)	(Zip)	Tał	ole I - Non-l	Derivative	Secur	ities Ac	equired, Disposed	of. or Beneficia	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transactio Code (Instr. 8)	4. Securi	ties (A) or of (D) 4 and 5 (A) or	i)	5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder: R	eport on a separate lin	e for each cl	ass of sec	eurities bene	Perso inforr requi	ons wh nation red to	no resp i conta respoi	indirectly. bond to the colle lined in this form nd unless the fo tly valid OMB co	n are not rm	SEC 1474 (9-02)	

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

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

number.

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)	TransactiorDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)8(Instr. 3 and 4)9	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 4.24	06/10/2014		А	22,000	<u>(1)</u>	06/10/2024	Common Stock	22,000	

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## **Reporting Owners**

Reporting O	Relationships					
	Director	10% Owner	Officer	Other		
McGuigan Christoph C/O SYNERGY PH 420 LEXINGTON A NEW YORK, NY 1	Х					
Signatures						
/s/ Chris McGuigan	06/12/2014					
<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) 7,800 stock options vested on date of grant. 4,733 of the stock options vest on 6/10/2015 and 2016 and 4,734 vest on 6/10/2017.

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.