Edgar Filing: MAYLEBEN TIMOTHY M - Form 4

MAYLEBE	N TIMOTHY M										
Form 4											
December 22	2, 2017										
FORM	OMB APPROVAL										
Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box								Expires:	January 31,		
	if no longer subject to STATEMENT OF CHANGES IN BENEFICIA					L OWN	ERSHIP OF	Estimated average			
Section 1		SECURITIES						burden hours per			
Form 4 c Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5		
obligatio	m o *					•					
may continue.											
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).											
(Print or Type Responses)											
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to MAYLEBEN TIMOTHY M Symbol Issuer							on(s) to				
MAYLEBEN HMOTHY M Symbol Loxo Oncology, Inc. [Inc [LO]	XOI						
(Last)		(Chec					ek all applicable)				
(Last)	Ionth/Day/Year)	f Earliest Transaction			_X Director	10% Owner					
C/O LOXO ONCOLOGY, INC., 281 12/20/201				017 Officer (give			Officer (give ti	e title Other (specify			
TRESSER BLVD, 9TH FLOOR below) below)											
(Street) 4. If Ame			If Amendment, D	endment, Date Original 6			6. Individual or Joint/Group Filing(Check				
			led(Month/Day/Yea	-				Applicable Line)			
_X_Form filed by One Reporting Person Form filed by More than One Reporting											
STAMFOR	D, CT 06901					P	Form filed by MC erson	ore than One Rep	orung		
(City)	(State)	(Zip)	Table I - Non-	Derivative S	Securi	ities Acqui	red, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securitie	es Acq	uired (A)	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution Da		or Dispose			Securities Beneficially Owned	Ownership	Indirect		
(Instr. 3)		any (Month/Day/	Code Year) (Instr. 8)	(Instr. 3, 4	and 5))		Form: Direct (D)	Beneficial Ownership		
		(intoinini, Day)	(11541-0)	insu: 0)			Following	or Indirect	(Instr. 4)		
					(A)		Reported	(I) (I)			
					or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
			Code V	Amount	(D)	Price	(((((
Common Stock	12/20/2017		S <u>(1)</u>	10,000 (2)	D	\$ 80.4948 (3)	0	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)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address							
	Director	10% Owner	Officer	Other			
MAYLEBEN TIMOTHY M C/O LOXO ONCOLOGY, INC. 281 TRESSER BLVD, 9TH FLOOR STAMFORD, CT 06901	Х						
Signatures							
/s/ Jennifer Burstein, by power of attorney		12/22/2017					
**Signature of Reporting Person		Date					
Evaluation of Poenoneoe							

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) The transactions reported on this Form 4 were effected pursuant to a 10b5-1 trading plan adopted by the reporting person.
- (2) Represents the aggregate of sales effected on the same day at different prices.
- Represents the weighted average sales price per share. The shares sold at prices ranging from \$80 to \$80.89 per share. Full information(3) regarding the number of shares sold at each price shall be provided upon request to the staff of the U.S. Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.

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.