## Edgar Filing: HOFFMAN ROBERT - Form 4

HOFFMAN I Form 4											
January 07, 2 FORM	<b>4</b> UNITED	STATES		RITIES A			NGE	COMMISSIO		PPROVAL 3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of CHANGES IN 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							Expires: Estimated burden hou response	January 31 Expires: 200 Estimated average burden hours per response 0.			
(Print or Type R	esponses)										
HOFFMAN ROBERT Syn			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol Aravive, Inc. [ARAV]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O ARAVI LYONDELL TOWER, 12 STREET, SU	VE, INC. .BASSELL 21 MCKINNEY	Middle)		of Earliest T Day/Year) 2019	ransaction			_X_ Director	••	% Owner	
			mendment, Date Original 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> </ul>				
(City)	(State)	(Zip)	Tak	la I Non I	Dominatina	Soourit	tion A a	Person			
1.Title of	2. Transaction Date Month/Day/Year)	2A. Deeme	ed 3. 4. S Date, if TransactionAct Code Dis		4. Securit nAcquired Disposed (Instr. 3, 4	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder: Repo	ort on a separate line	e for each cla	ass of sec	urities benef	ficially own	ned dire	ectly or	indirectly.			

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 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)	5. Number of Derivati Securities Acquired (A) or Disposed c (D) (Instr. 3, 4, and 5)	of	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and 4	Securities
				Code V	(A) (I	D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 3.69	01/03/2019		А	7,500		01/03/2019(1)	01/02/2029	Common Stock	7,500
Stock Option	\$ 3.69	01/03/2019		А	4,688 (2)		01/03/2019(2)	01/02/2029	Common Stock	4,688

## **Reporting Owners**

	Relationships					
<b>Reporting Owner Name / Address</b>	Director	10% Owner	Officer	Other		
HOFFMAN ROBERT C/O ARAVIVE, INC. LYONDELLBASSELL TOWER 1221 MCKINNEY STREET, SUITE 3200 HOUSTON,, TX 77010	Х					
Signatures						

Date

/s/ Kevin Haas,	01/07/2019
Attorney-in-fact	01/07/2019

\*\*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).
- (1) These options vest as follows: (i) 625 shares of common stock vest immediately upon grant and (ii) the balance will vest pro rata on a monthly basis over the next 33 months commencing on February 12, 2019.
  - These options vest as follows: (i) 1,563 shares of common stock vest immediately upon grant and (ii) 625 will vest on a monthly basis
- (2) over the next five months commencing on February 3, 2019 with full vesting, if not fully vested at such time, on the date of the Aravive Inc.'s next annual meeting of stockholders.

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.