Flexion Therapeutics Inc Form 4 May 24, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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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 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Clayman Michael D.	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% OwnerX_ Officer (give title Other (specify below) President and CEO 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
(Last) (First) (Middle)	Flexion Therapeutics Inc [FLXN]			
C/O FLEXION THERAPEUTICS, INC., 10 MALL ROAD, SUITE 301	3. Date of Earliest Transaction (Month/Day/Year) 05/23/2016			
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)			
BURLINGTON, MA 01803		Form filed by More than One Reporting Person		

			i cison	
(City)	(State)	(Zip) Ta	ble I - Non-Derivative Securities Acquired, Disposed of, or Ben	eficially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired (A) 5. Amount of 6. Transaction Disposed of (D) Securities Ownersh Code (Instr. 3, 4 and 5) Beneficially Form: (Instr. 8) Owned Direct (I Following or Indire Reported (I) Transaction(s) (Instr. 4) Or Code V Amount (D) Price	Beneficial Ownership
Common Stock	05/23/2016		M 10,369 A $\begin{array}{ccc} \$ & 25,722 \frac{(1)}{} & D \end{array}$	
Common Stock			278,661 I	By the Michael D. Clayman 2006 Revocable Trust
Common Stock			24,600 I	By the Michael D. Clayman

Irrevocable

Trust By Versant Common Development 388,683 Ι Stock Fund III, Fund (2)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 0.1626	05/23/2016		M	10,369	(3)	09/23/2019	Common Stock	10,369

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other Clayman Michael D. C/O FLEXION THERAPEUTICS, INC. X President and CEO 10 MALL ROAD, SUITE 301 **BURLINGTON, MA 01803**

Signatures

/s/ Jonathan H. Mahlowitz, 05/24/2015 Attorney-in-Fact

> **Signature of Reporting Person Date

Reporting Owners 2

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) Includes 1,785 shares of Common Stock that were acquired by the Reporting Person on May 20, 2016 at \$8.92 per share pursuant to the Issuer's Employee Stock Purchase Plan.
- Shares held by Versant Development Fund III, LLC. The Reporting Person is a manager and minority member of Versant Development (2) Fund III, LLC. The Reporting Person disclaims any beneficial ownership of the shares held by Versant Development Fund III, LLC
- (2) Fund III, LLC. The Reporting Person disclaims any beneficial ownership of the shares held by Versant Development Fund III, LLC except to the extent of his pecuniary interest in these shares.
- (3) The stock option is fully vested and exercisable.

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.