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| Prothena C Form 4 | | | | | | | | | | | |
|--|---|---|--------------------------|---|---|----------|--------------------------|--|--|---|--|
| December | | | | | | | | | | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | OMMISSION | OMB | | | |
| Check | this box | | Wash | ingto | | Number: | 3235-0287 January 31, | | | | |
| if no lo subject Section Form 4 Form 5 obligati may co | nger to 16. or Filed put | 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 | | | | | | | | | |
| (Print or Type | e Responses) | | | | | | | | | | |
| Nickerson Tara Symb | | | ymbol | | nd Ticker o | | 8 | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (Che | | | | | | | (Check | ck all applicable) | | |
| | THENA BIOSCIE GATEWAY ARD | | Month/Day 2/09/201 | |) | | : | Director X Officer (give to below) Chief E | | Owner er (specify er | |
| SOUTH S | | | . If Amend iled(Month | | Date Origin ear) | al | | 6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by Mo Person | ne Reporting Pe | rson | |
| | CO, CA 94080 | | | | | | | | | | |
| (City) | (State) | (Zip) | Table 1 | - Nor | n-Derivativ | e Secu | rities Acqu | ired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da any (Month/Day/ | ate, if Ti Co | 3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (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 Beneficial Ownership (Instr. 4) | |
| Ordinary Shares, par value \$0.01 per share | 12/09/2015 | | | ode V | 7 Amount10,000 | (D) A | Price \$ 6.73 | (inst: 3 and 4) 12,000 | D | | |
| Ordinary Shares, par value \$0.01 per share | 12/09/2015 | | S | (1) | 2,705 | D | \$ 65.4163 (2) | 9,295 | D | | |

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| Ordinary Shares, par value \$0.01 per share | 12/09/2015 | S <u>(1)</u> | 6,695 | D | \$ 66.398 (<u>3)</u> | 2,600 | D |
|---|------------|--------------|-------|---|--------------------------|-------|---|
| Ordinary Shares, par value \$0.01 per share | 12/09/2015 | S <u>(1)</u> | 600 | D | \$ 66.9433 (4) | 2,000 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | TransactionDerivative Code Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. D S (I |
|---|---|---|---|--|--|--------|--|--------------------|---|-------------------------------------|--------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (right to buy) | \$ 6.73 | 12/09/2015 | | М | | 10,000 | (5) | 03/31/2023 | Ordinary Shares | 10,000 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|------------------------|------------------------|-------|--|--|--|
| r g | Director | 10% Owner | Officer | Other | | | |
| Nickerson Tara | | | | | | | |
| C/O PROTHENA BIOSCIENCES INC | | | Chief Dusiness Officer | | | | |
| 650 GATEWAY BOULEVARD | | Chief Business Officer | | | | | |
| SOUTH SAN FRANCISCO, CA 94080 | | | | | | | |

Signatures

/s/ A.W. Homan, as Attorney-in-Fact for Tara Nickerson

12/11/2015 Date

Explanation of Responses:

**Signature of Reporting Person

- * 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 sale reported in the Form 4 was effected pursuant to a Rule 10b5 1 trading plan adopted by the Reporting Person.

The transaction was executed in multiple trades in prices ranging from \$64.77 to \$65.75, inclusive. The price reported in Column 4 above
 (2) reflects the weighted average sale price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the Issuer, or a stockholder of the Issuer, information regarding the number of shares and prices at which the transaction was effected.

The transaction was executed in multiple trades in prices ranging from \$65.79 to \$66.76, inclusive. The price reported in Column 4 above (3) reflects the weighted average sale price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the Issuer, or a stockholder of the Issuer, information regarding the number of shares and prices at which the transaction was effected.

The transaction was executed in multiple trades in prices ranging from \$66.79 to \$67.245, inclusive. The price reported in Column 4(4) above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the Issuer, or a stockholder of the Issuer, information regarding the number of shares and prices at which the transaction was effected.

The shares subject to the option will vest and become exercisable as to 25% of the total number of shares subject to the option on January
(5) 29, 2014 and with respect to 1/48th of the total number of shares subject to the option in successive, equal monthly installments on each monthly anniversary thereafter, subject to the Reporting Person's continued employment with the Issuer on each such vesting date.

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.