Aralez Pharmaceuticals Inc.

Form 4 June 14, 2016

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

2. Issuer Name and Ticker or Trading

Aralez Pharmaceuticals Inc. [ARLZ]

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction

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

1(b).

Symbol

(Print or Type Responses)

1. Name and Address of Reporting Person * Fowler Neal Franklin

(Last) (First) (Middle)

C/O ARALEZ PHARMACEUTICALS INC.,, 7100

WEST CREDIT AVENUE, SUITE 101

(Street)

4. If Amendment, Date Original

3. Date of Earliest Transaction

Filed(Month/Day/Year)

(Month/Day/Year)

06/10/2016

X Form filed by One Reporting Person Form filed by More than One Reporting

Securities

Owned

Beneficially

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

X_ Director

Applicable Line)

Officer (give title

MISSISSAUGA, A6 L5N 0E4

(State) 1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year)

Execution Date, if

(Zip)

(Month/Day/Year)

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

(A)

Following Reported Transaction(s) (Instr. 3 and 4) Price

Common

(City)

(Instr. 3)

Shares, without par value

06/10/2016

 $F^{(1)}$

1.251

Code V Amount (D)

49,479

D

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

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SEC 1474 (9-02)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

(D) or

Indirect (I)

(Instr. 4)

(Check all applicable)

10% Owner

6. Ownership 7. Nature of Form: Direct Indirect

Beneficial

Ownership

(Instr. 4)

Other (specify

Estimated average

burden hours per

1

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amount of		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative				Securities		(Instr. 5)	Bene
	Derivative				Securities Acquired (A) or			(Instr. 3	and 4)		Own
	Security										Follo
	•										Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3, 4, and 5)						
								Λ.	mount		
									mount		
						Date	Expiration Date	Title N	r Jumber		
						Exercisable		Title Numb			
				C + V	(A) (D)						
			Code V (A) (D)					S	hares		

Reporting Owners

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

Fowler Neal Franklin C/O ARALEZ PHARMACEUTICALS INC., 7100 WEST CREDIT AVENUE, SUITE 101 MISSISSAUGA, A6 L5N 0E4

X

Signatures

/s/ Eric L. Trachtenberg, attorney-in-fact for Neal F. Fowler

06/14/2016

**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).
- This represents shares withheld by the Issuer for payment of withholding tax liability incurred upon the vesting of 9,390 restricted stock units previously granted on June 10, 2015, which vested on June 10, 2016.

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.

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