KOVEN ANDREW I

Form 4 May 16, 2018

FORM 4

OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

Number:

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Washington, D.C. 20549

January 31, Expires: 2005

3235-0287

0.5

Section 16. Form 4 or Form 5 obligations may continue.

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

burden hours per response...

Estimated average

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** KOVEN ANDREW I			2. Issuer Name and Ticker or Trading Symbol Aralez Pharmaceuticals Inc. [ARLZ]						5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. [3. Date of (Month/Da	B. Date of Earliest Transaction Month/Day/Year) 05/14/2018					(Check all applicable) Director 10% OwnerX_ Officer (give title Other (specify below)			
	DIT AVENUE,								President o	& Chief Busines	ss Off	
	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
MISSISSAU	JGA, A6 L5N 01	E4							Form filed by M Person	More than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Nor	ı-De	erivative S	ecurit	ties Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any		3. 4. Securities Acquired Transaction(A) or Disposed of (Disposed of (of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 6. Ownership Form: Direct Indirect Beneficia Indirect (I) Ownership (Instr. 4) (Instr. 4) (Instr. 4)			
Common Shares, without par value	05/14/2018			S(1)		13,964	D	\$ 0.52	1,339,992	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: KOVEN ANDREW I - Form 4

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	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Date		Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration Date				
						Exercisable			Number		
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address Officer Other Director 10% Owner

KOVEN ANDREW I C/O ARALEZ PHARMACEUTICALS INC., 7100 WEST CREDIT AVENUE, SUITE 101 MISSISSAUGA, A6 L5N 0E4

President & Chief Business Off

Signatures

/s/ Christopher R. Freeland, attorney-in-fact for Andrew I. Koven

05/16/2018

**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 sold by the issuer on behalf of the reporting person pursuant to an instruction made in accordance with Rule 10b5-1 (1) for payment of withholding tax liability incurred upon the vesting of 36,396 restricted stock units, which were previously granted on May 11, 2017 and which vested on May 11, 2018.

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.

Reporting Owners 2