Edgar Filing: LaRocca John - Form 4

Form 4											
February 21,										PROVAL	
FORM	UNITEDS		SECURITIES AND EXCHANGE COMM Washington, D.C. 20549					-	3235-0287		
Check this if no long subject to Section 16 Form 4 or	er STATEM	ENT OF	GES IN BENEFICIAL OWNE SECURITIES				NERSHIP OF Estimated burden h response		ours per		
Form 5 obligation may conti <i>See</i> Instru- 1(b).	nue. Section 17(a)) of the H	Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940								
(Print or Type R	esponses)										
			2. Issuer Name and Ticker or Trading Symbol AERIE PHARMACEUTICALS INC [AERI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (M EUTICALS, INC. BLVD., SUITE 4			-	ansaction			Director X Officer (give below) Ge		Owner er (specify	
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DURHAM,	NC 27703								Iore than One Re		
(City)	(State) (Z	Zip)	Table	e I - Non-Do	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution Date, if		n Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (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)			
Common Stock	02/19/2018			Code V A	Amount 18,000 (1)	(D) A	Price \$ 0	18,000	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)

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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. 5. Number of Transactio-Derivative Code Securities (Instr. 8) 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)		8 1 5 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 54.9	02/19/2018		A	70,000	(2)	02/19/2028	Common Stock	70,000	

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
LaRocca John C/O AERIE PHARMACEUTICALS, I 4301 EMPEROR BLVD., SUITE 400 DURHAM, NC 27703	NC.		General Counsel					
Signatures								
/s/ John 02/21/201	8							

<u>**</u>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).

These shares of Common Stock were granted under the Aerie Pharmaceuticals, Inc. Amended and Restated Inducement Award Plan (the

(1) "Plan") and are scheduled to vest, subject to the reporting person's continued employment with the issuer through the applicable vesting date, in equal installments on each of the first four anniversaries of February 19, 2018.

This option was granted under the Plan and is scheduled to vest, subject to the reporting person's continued employment with the issuer(2) through the applicable vesting date, as to 25% of the underlying shares on February 19, 2019 and as to the remaining underlying shares in substantially equal installments on each of the first 36 monthly anniversaries of February 19, 2019.

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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