Phair Thomas J. Form 3 January 29, 2009

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

**OMB APPROVAL** 

**OMB** Number:

3235-0104

Expires:

response...

January 31, 2005

0.5

Estimated average burden hours per

INITIAL STATEMENT OF 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 Responses)

1. Name and Address of Reporting

Person \*

Phair Thomas J.

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

01/22/2009

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Altus Pharmaceuticals Inc. [ALTU]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O ALTUS

**PHARMACEUTICALS** 

INC., Â 333 WYMAN STREET

(Street)

10% Owner Director Other

(Check all applicable)

\_X\_\_ Officer (give title below) (specify below) Sr. Dir, Finance & Controller 6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person

Form filed by More than One

Reporting Person

WALTHAM, MAÂ 02451

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership

(I)

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

Form: Direct (D)

Table I - Non-Derivative Securities Beneficially Owned

or Indirect (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** 

(Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security

5. 4 Conversion

Ownership or Exercise Form of

Derivative

Security:

Direct (D)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

(Instr. 4)

Expiration Exercisable Date

Title

Amount or Number of Derivative Security

Price of

### Edgar Filing: Phair Thomas J. - Form 3

				Shares		or Indirect (I) (Instr. 5)	
Common Stock Option (right to buy)	(1)	07/26/2016	Common Stock	25,000	\$ 13.27	D	Â
Common Stock Option (right to buy)	(2)	03/02/2017	Common Stock	3,198	\$ 14.24	D	Â
Common Stock Option (right to buy)	(3)	02/25/2018	Common Stock	7,000	\$ 5.72	D	Â
Common Stock Option (right to buy)	(4)	04/08/2018	Common Stock	10,000	\$ 5.34	D	Â

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Phair Thomas J. C/O ALTUS PHARMACEUTICALS INC. 333 WYMAN STREET WALTHAM, MA 02451	Â	Â	Sr. Dir, Finance & Controller	Â	

## **Signatures**

/s/ Kevin
Brennan

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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) All of such options have a term of ten years vesting over four years, with 1/16th of the options vesting every three months. All of such options become exercisable as they vest. Vesting for these options started on July 26, 2006.
- All of such options have a term of ten years vesting over four years, with 1/16th of the options vesting every three months. All of such options become exercisable as they vest. Vesting for these options started on March 2, 2007.
- (3) All of such options have a term of ten years vesting over four years, with 1/16th of the options vesting every three months. All of such options become exercisable as they vest. Vesting for these options started on February 25, 2008.
- (4) These options are performance based options that vest upon successful completion of specific milestones.

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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