## Edgar Filing: FIBROGEN INC - Form 4

FIBROGEN INC Form 4 March 04, 2016       Image: Second 4 March 04, 2016       Image: Second 4 March 04, 2016         FORM 4 March 04, 2016       Image: Second 4 March 04, 2016       Image: Second 4 March 04, 2016         FORM 4 March 04, 2016       Image: Second 4 March 04, 2016       Image: Second 4 March 04, 2016         FORM 5 Section 16, Form 4 or Form 5 obligations may continue, Sec Instruction 1(b).       Image: Second 4 March 04, 2016       Image: Second 4 March 04, 2016         Filed pursuant to Section 16(a) of the Securities Exchange Act of 1935, or Section 30(h) of the Investment Company Act of 1935 or Section 30(h) of the Investment Company Act of 1935 or Section       Second 4 March 04, 2016								
(Print or Type Res	sponses)							
1. Name and Add Neff Thomas I	lress of Reporting Pe B	Symbol	er Name <b>and</b> Ticker or DGEN INC [FGEN		5. Relationship of Reporting Person(s) to Issuer			
(Last) C/O FIBROGI ILLINOIS ST.	EN, INC., 409		of Earliest Transaction /Day/Year) 2016		(Check all applicable) X DirectorX 10% Owner X Officer (give title Other (specify below) Chief Executive Officer			
SAN FRANCI	(Street) ISCO, CA 94158	Filed(M	nendment, Date Origina onth/Day/Year)	1	<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City)	(State) (Z	<sup>Zip)</sup> Tal	ble I - Non-Derivative	Securities Acc	quired, Disposed o	f, or Benefic	ially Owned	
	a	2A. Deemed Execution Date, if my Month/Day/Year)	Transaction(A) or Di Code (Instr. 3,		Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock 03	3/03/2016		$F \qquad \frac{8,554}{(1)}$	D <sup>\$</sup> 18.77	3,673,853	D		
Common Stock					145,070	I	By Family Partnership	
Common Stock					20,000	I	By Spouse	
Common Stock					60,946	I	See footnote $(2)$	

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

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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	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	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
									of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Neff Thomas B C/O FIBROGEN, INC. 409 ILLINOIS ST. SAN FRANCISCO, CA 94158	Х	Х	Chief Executive Officer				
Signatures							
/s/ Melissa Leon, Attorney-in-fact	03/	/04/2016					

Date

\*\*Signature of Reporting Person

## **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).
- (1) Represents shares withheld by the issuer to satisfy a tax obligation realized by the reporting person upon the vesting of restricted stock units.
- (2) The shares are held by BioGrowth Partners, LP. The reporting person is the sole general partner of BioGrowth Partners, LP and has sole voting and dispositive power over the shares held by BioGrowth Partners, LP.

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.