Edgar Filing: PTC THERAPEUTICS, INC. - Form 4

PTC THERA Form 4 May 23, 2014	APEUTICS, IN 4	C.									
FORM									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check thi if no long	er								Expires:	January 31, 2005	
subject to Section 16. STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHI SECURITIES					Estimated average burden hours per		
Form 5 obligatior may conti	obligations may continue. See InstructionSection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							response	0.5		
(Print or Type R	Responses)										
Kovacs Shane William Charles Symbol							5. Relationship of Reporting Person(s) to Issuer				
				HERAPEUTICS, INC.]				(Check all applicable)			
(Month			(Month/D	Date of Earliest Transaction onth/Day/Year) 22/2014				Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer			
	ORPORATE O							Chief r		л Г	
				ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SOUTH PLA	AINFIELD, N.	J 07080						Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		3. Transactio Code (Instr. 8) Code V	(Instr. 3,	(A) or	d of (D) 5) Price	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	05/22/2014			S <u>(1)</u>	1,650	D	\$ 14.74 (2)	12,350	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)

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. Transac Code (Instr. 8	 5. tionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 	3	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Kovacs Shane William Charles C/O PTC THERAPEUTICS, INC. 100 CORPORATE COURT SOUTH PLAINFIELD, NJ 07080			Chief Financial Officer					
Signatures								
/s/ Colleen Diver Johnson, attorney-in-fact		05/23/20						
**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).
- (1) The sale transactions reported in this Form 4 were effected pursuant to a written Rule 10b5-1 plan adopted by the reporting person on September 3, 2013 for the primary purpose of covering tax obligations associated with a restricted stock vesting event.
- This price represents the weighted average price of sale transactions that were executed in multiple trades at prices ranging from \$14.54
- (2) to \$14.80 per share. The reporting person hereby undertakes, upon request by the SEC staff, the issuer or a security holder of the issuer, to provide full information regarding the number of shares sold at each separate price.

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.