Edgar Filing: HOFFMAN ROBERT - Form 4/A

HOFFMAN ROBER Form 4/A	T						
Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT O Filed pursuant to ction 17(a) of the	Wa F CHAN Section I Public U	RITIES AND EX shington, D.C. 20 NGES IN BENEF SECURITIES 16(a) of the Securit ltility Holding Con avestment Compan	549 ICIAL OV ies Exchar apany Act	WNERSHIP OF nge Act of 1934, of 1935 or Sectio	N OMB Number: Expires: Estimated burden hou response	urs per
(Print or Type Responses)						
1. Name and Address of Reporting Person <u>*</u> HOFFMAN ROBERT		Symbol	er Name and Ticker or e, Inc. [ARAV]	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First C/O ARAVIVE, IN LYONDELLBASS TOWER, 1221 MC STREET, SUITE 32	C. ELL KINNEY		of Earliest Transaction Day/Year) 2019		_X_ Director	eck all applicabl	% Owner
Fil			endment, Date Origina onth/Day/Year) 2019	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State	e) (Zip)	Tab	le I - Non-Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned
	ction Date 2A. Deen Day/Year) Execution any (Month/E	n Date, if	3.4. SecuritiTransactionAcquiredCodeDisposed(Instr. 8)(Instr. 3, 4)CodeVAmount	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

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)

Edgar Filing: HOFFMAN ROBERT - Form 4/A

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. Transact Code (Instr. 8)	tion 9 1 1 ((5. Numb of Deriv Securitio Acquire (A) or Dispose (D) (Instr. 3) and 5)	rative es d d of	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and 4	Securities
				Code N	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 3.61 <u>(1)</u>	01/03/2019		А		7,500 (2)		01/03/2019(2)	01/02/2029	Common Stock	7,500
Stock Option	\$ 3.61 <u>(1)</u>	01/03/2019		А		4,688 (3)		01/03/2019(3)	01/02/2029	Common Stock	4,688

Reporting Owners

	Relationships				
Reporting Owner Name / Address		10% Owner	Officer	Other	
HOFFMAN ROBERT C/O ARAVIVE, INC. LYONDELLBASSELL TOWER 1221 MCKINNEY STREET, SUITE 3200 HOUSTON, TX 77010	Х				
Signatures					

Date

/s/ Kevin Haas,	01/07/2019
Attorney-in-fact	01/07/2019

**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) The reporting person is amending the Form 4 originally filed to report the correct exercise price, which is \$3.61. The exercise price was incorrectly reported in the initial Form 4 due to a typographical error.
- (2) These options vest as follows: (i) 625 shares of common stock vest immediately upon grant and (ii) the balance will vest pro rata on a monthly basis over the next 33 months commencing on February 12, 2019.
- These options vest as follows: (i) 1,563 shares of common stock vest immediately upon grant and (ii) 625 will vest on a monthly basis (3) over the next five months commencing on February 3, 2019 with full vesting, if not fully vested at such time, on the date of the Aravive Inc.'s next annual meeting of stockholders.

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.