Karyopharm Therapeutics Inc. Form 3 November 12, 2014 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

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

Statement

currently valid OMB control number.

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

Karyopharm Therapeutics Inc. [KPTI]

(Print or Type Responses)

Person *

1. Name and Address of Reporting

Garland J. Scott			(Month/Day/Year)	Karyopharm Therapeutics Inc. [KP11]					
(Last)	(First)	(Middle)	11/03/2014	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O KARYOPHARM THERAPEUTICS INC., 85 WELLS AVENUE (Street) NEWTON, MA 02459				(Check all applicable) <u>X</u> Director <u>10%</u> Owner Officer <u>Other</u> (give title below) (specify below)		Owner r			
(City)	(State)	(Zip)	Table I	e I - Non-Derivative Securities Beneficially Owned					
1.Title of Secu (Instr. 4)	ırity		2. Amoun Beneficial (Instr. 4)	t of Securities ly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	1		
Reminder: Rep owned directly	-		ach class of securities bene	ficially S	EC 1473 (7-02	2)			
	infor	mation cont	spond to the collection tained in this form are n ond unless the form dis	ot					

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 (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	



OMB Number:	3235-0104					
Expires:	January 31, 2005					
Estimated average						
burden houi response	0.5					

Shares	or Indirect
	(I)
	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director 10% Own		Officer	Other		
Garland J. Scott C/O KARYOPHARM THERAPEUTICS INC. 85 WELLS AVENUE NEWTON, MA 02459	ÂX	Â	Â	Â		
Signatures						
/s/ Christopher B. Primiano as Attorney-in-Fact : Garland	11/	12/2014				
**Signature of Reporting Person		Date				

Explanation of Responses:

No securities are beneficially owned

- * 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).

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Remarks:

No securities of the issuer were beneficially owned by Mr. Garland immediately prior to the timeÂ

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.