Edgar Filing: VIVUS INC - Form 4

VINUE INC

Form 4												
September 2	8, 2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287			
Check this box if no longer										Expires:	January 31	
subject to Section 1 Form 4 o	F CHAN	CHANGES IN BENEFICIAL OWNERSHI SECURITIES						Estimated average burden hours per response (
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 1	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 F	Responses)											
Fischer Seth H. Z. Symbol									5. Relationship of Reporting Person(s) to Issuer			
				VIVUS INC [VVUS]					(Check all applicable)			
(Month				nte of Earliest Transaction hth/Day/Year) 26/2016					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chief Executive Officer			
				endment, Date Original onth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
MOUNTAI	N VIEW, CA 9	94041							_X_Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non	-De	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	y (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
C				Code	V	Amount	(D)	Price	(1150.5 and 4)			
Common Stock (1)	09/26/2016			А		300,000 (2)	А	\$0	486,080	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

**Signature of Reporting Person

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Fischer Seth H. Z. C/O VIVUS, INC. 351 EAST EVELYN AVENUE MOUNTAIN VIEW, CA 94041	Х		Chief Executive Officer					
Signatures								
/s/ John Slebir, Attorney-in-Fact		09/28/2016						

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) Each restricted stock unit represents a contingent right to receive one share of VIVUS, Inc. common stock.

Date

The restricted stock units vest according to the following schedule: 50% of the total restricted stock units vest on January 22, 2017 with an additional 12.5% of the total restricted stock units vesting on each of April 22, 2017, July 22, 2017, October 22, 2017 and January 22,

(2) an additional 12.5% of the total restricted stock units vesting on each of April 22, 2017, suly 22, 2017, october 22, 2017 and standary 22, 2018, subject to such individual continuing to be a Service Provider (as defined in the VIVUS, Inc. 2010 Equity Incentive Plan) on the relevant vesting dates.

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.