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Shaw Allar	1										
Form 4	• • • • •										
October 29								0145.4			
FOR	NT	PPROVAL									
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								Number:	3235-0287		
Check this box								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								F .	2005		
Section 16. SECURITIES								Estimated burden hou	•		
	Form 4 or							response	•		
Form 5 obligat	iona Pileu pu						nge Act of 1934				
may co				•	•	• •	of 1935 or Sect	ion			
	truction	30(h) d	of the I	nvestment	t Compa	ny Act of 1	.940				
1(b).											
(Print or Type	e Responses)										
` `	•										
1. Name and Address of Reporting Person [*]			2. Issu	er Name an	d Ticker o	r Trading	-	of Reporting Per	Reporting Person(s) to		
Shaw Alla	n		Symbol				Issuer				
			VIVUS	S INC [V	VUS]		(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(0	an approact	- ,		
			(Month/Day/Year)				_X_Director10% Owner				
C/O VIVUS, INC., 900 E.			10/26/2018				Officer (give title Other (specify below) below)				
HAMILTON AVE., SUITE 550											
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Yea	r)		Applicable Line)	v One Reporting P	one Reporting Person		
CAMPRE	LL, CA 95008						Form filed by	When the More than One R			
							Person				
(City)	(State)	(Zip)	Tal	ole I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	e 2A. Deeme	d	3.	4. Securities		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution I	Date, if	Transactio	-		Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Year)		Code (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5)		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(infontitiz Du	<i>y</i> , 10ai)	(Insu: 0)	(msu: 5,	i und 5)	Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported				
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price	(
Reminder: Re	eport on a separate lin	e for each cla	ss of sec	urities bene	ficially ow	ned directly	or indirectly.				
					Perso	ons who res	spond to the colle		SEC 1474		
							tained in this form		(9-02)		
							ond unless the fo ntly valid OMB co				

 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. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	or Dis (D) (Instr.		or Dispose	nstr. 3, 4,				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Non-Qualified Stock Option (Right to Buy)	\$ 3.53	10/26/2018		А		15,000		<u>(1)</u>	(2)	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Shaw Allan C/O VIVUS, INC. 900 E. HAMILTON AVE., SUITE 550 CAMPBELL, CA 95008	Х						
Signatures							
/s/ Julie Hollenback, Attorney-in-Fact	10/29/2018						

**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).

Date

- One twelfth (1/12th) of the total number of shares underlying the option vest and become exercisable on the 26th of each month following (1) October 26, 2018, subject to the reporting person continuing to be a Service Provider (as defined in the Issuer's 2018 Equity Incentive Plan) on the relevant vesting dates.
- (2) The option expires on the earlier of (a) October 26, 2025 and (b) the six (6) month anniversary of the date the reporting person ceases to be a Service Provider.

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.