ENDOCYTE INC Form 4 February 10, 2014

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

3235-0287 Number: January 31, Expires: 2005

subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Estimated average burden hours per response... 0.5

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

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Ac Lovejoy Cha	•	orting Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			ENDOCYTE INC [ECYT]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
3000 KENT AVE STE A1-100			(Month/Day/Year) 02/06/2014	Director 10% Owner _X Officer (give title Other (specify below) VP of Regulatory Affairs		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
WEST LAFAYETTE, IN 47906			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Ac	quired. Disposed of, or Beneficially Owner		

		Table	1 - 11011-101	iivative b	ccuii	iics Ac	quireu, Disposeu	oi, or beneficial	ny Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ties		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	nAcquired	(A) o	r	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed	of (D)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					()		Reported		
					(A)		Transaction(s)		
			C + V	A	or	ъ.	(Instr. 3 and 4)		
~			Code V	Amount	(D)	Price			
Common Stock	02/06/2014		A	6,250	A	\$0	6,250	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year) A) d of		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 11.11	02/06/2014		A	37,500	(2)	02/06/2024	Common Stock	37,500

Reporting Owners

Reporting Owner Name / Address	Relationships

Director 10% Owner Officer Other

Dolotionshin

Lovejoy Chandra D 3000 KENT AVE STE A1-100 WEST LAFAYETTE, IN 47906

VP of Regulatory Affairs

Signatures

/s/ Michael A. Sherman, Attorney-in-fact for Chandra D. Lovejoy (power of attorney previously filed)

02/10/2014

**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) Represents restricted stock units that will vest and be paid 1/4 annually over a period of 4 years beginning on February 6, 2015, in the form of one share of common stock for each restricted stock unit.
- (2) Shares subject to the option vest 1/4 annually over a period of 4 years beginning on February 6, 2015.

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.

Reporting Owners 2