## Edgar Filing: Russell Lesley - Form 4

Russell Lesle	У											
Form 4 May 04, 2018	2											
FORM										OMB A	PPROVAL	
	UNITEDS	STATES		ITIES A hington				NGE (	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction See Instruction Check this box if no longer STATEMENT OF CHANGES IN 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								burden hou response	Estimated average burden hours per response 0.5			
1(b). (Print or Type R	esponses)											
Russell Lesley Symbol				uer Name <b>and</b> Ticker or Trading l DCYTE INC [ECYT]					5. Relationship of Reporting Person(s) to Issuer			
(Last) C/O ENDOC AVE, SUITE	CYTE INC, 3000	liddle) KENT	3. Date of (Month/Date) (Month/	ay/Year)	ransao	ction			X Director Officer (give below)		6 Owner er (specify	
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
WEST LAFA	AYETTE, IN 479	006							Form filed by M Person	Aore than One R	eporting	
(City)	(State) (	(Zip)	Table	e I - Non-l	Deriva	ative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transact Code (Instr. 8) Code	4. ; ionAc Di: (In	Securit equired sposed nstr. 3, 4	ies (A) o of (D	r )	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/03/2018			А	(1)	300	А	\$0	11,100	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)	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)	6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	\$ 10.81	05/03/2018		А	19,500	(2)	05/03/2028	Common Stock	19,500

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	ips				
	Director	10% Owner	Officer	Other			
Russell Lesley C/O ENDOCYTE INC, 3000 KENT AVE SUITE A1-100 WEST LAFAYETTE, IN 47906	Х						
Signatures							
/s/ Beth A. Taylor, Attorney-in-fact for Lesley Russell (power of attorney previously filed)							

\*\*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) Represents restricted stock units that will vest 100% on the business day prior to the next annual stockholder meeting following the date of grant, and will be paid in the form of one share of common stock for each restricted stock unit.
- (2) 100% of options vest on the business day prior to the next annual stockholder meeting following the date of grant.

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.

Date

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