Edgar Filing: Mast Therapeutics, Inc. - Form 4

	peutics, Inc.										
Form 4											
January 02,	2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check t	his box		VV 2	isinington	, D.C. 20	1349		Number:	January 31,		
if no lo		WNERSHIP OF	Expires:	2005							
subject Section	10				RITIES			Estimated	Estimated average burden hours per		
Form 4								response	•		
Form 5	Filed pu	rsuant to S	Section	16(a) of th	ne Securi	ties Excha	nge Act of 1934,				
obligati may co				•	•	· ·	of 1935 or Secti	on			
See Inst		30(h)	of the I	nvestmen	t Compa	ny Act of 1	.940				
1(b).											
(Print or Type	Responses)										
× 51	1 /										
	Address of Reporting	g Person [*]	2. Issue	suer Name and Ticker or Trading 5. Relationship				of Reporting Person(s) to			
Roberts Brandi Symbol							Issuer				
				herapeuti	cs, Inc. [MSTX]	(Check all applicable)				
(Last)	(First) ((Middle)	3. Date of Earliest Transaction					een un upprieuer			
		~~~~~		Ionth/Day/Year) Director				10% Owner			
12390 EL CAMINO REAL, SUITE 01/02/			2015			XOfficer (give titleOther (specify below) below)					
150							Chief Fin	nancial Officer &	& SVP		
(Street) 4.			4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed				onth/Day/Yea	r)		Applicable Line) _X_ Form filed by One Reporting Person				
SAN DIEGO, CA 92130						More than One Reporting					
SAN DIEC	JO, CA 92130						Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securit	ties	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transactio	-		Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Da	Voor)	Code (Instr. 8)	Disposed		Beneficially Owned	(D) or Indirect (I)			
		(Month/Da	iy/iear)	(IIIsu. 8)	(Instr. 3,	4 and 5)	Following	(I) (Instr. 4)	Ownership (Instr. 4)		
						(A)	Reported				
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price	(1150. 5 and 4)				
Reminder: Re	eport on a separate lin	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					-	-	spond to the colle	ection of S	SEC 1474		
							tained in this forn		(9-02)		

required to respond to the collection of SEC 14 information contained in this form are not (9-0 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)

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)

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(Instr. 3)	Price of Derivative Security	(Month/	Day/Year) (	(Instr. 8	8)	Acquired (A Disposed of (Instr. 3, 4, 5)	(D)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 0.58	01/02/2015		A		722,800		<u>(1)</u>	01/02/2025	Common Stock	722,800

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Roberts Brandi 12390 EL CAMINO REAL, SUITE 150 SAN DIEGO, CA 92130			Chief Financial Officer & SVP					
Signatures								

/s/ Brandi L. 01/02/2015 Roberts

<u>**</u>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).
- This option vests and becomes exercisable in 48 substantially equal monthly installments on each monthly anniversary of January 2, (1) 2015, subject to the reporting person's continued service.

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.