FIBROGEN INC Form 4 October 02, 2015

### FORM 4

### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction 1(b).

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 Responses)

(Last)

1. Name and Address of Reporting Person
VALONE FRANK H MD

(First)

(Street)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

(Middle)

FIBROGEN INC [FGEN]

(Check all applicable)

C/O FIBROGEN, INC., 409

3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner X\_ Officer (give title Other (specify

10/01/2015

Chief Medical Officer

ILLINOIS ST.

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

below)

#### SAN FRANCISCO, CA 94158

(City)	(State)	(Zip) Tab	ole I - Non-	Derivative Securities	es Acquired, Disposed of,	or Beneficially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D)	seed (A)  5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)
Common Stock	10/01/2015		M	10,000 A \$2	2.35 94,044	D
Common Stock	10/01/2015		S	$ \begin{array}{cccc} 10,000 & \$ & \$ \\  & \underline{(1)} & D & \underline{21} \\  & \underline{(2)} & \\ \end{array} $	1.3782 84,044	D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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)	Securities		vative Expiration Date rities (Month/Day/Year) sposed of E. 3, 4,		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)	\$ 2.35	10/01/2015		M		10,000	(3)	12/03/2018	Common Stock	10,000	

## **Reporting Owners**

Reporting Owner Name / Address	]	Keiationsnips

Director 10% Owner Officer Other

VALONE FRANK H MD C/O FIBROGEN, INC. 409 ILLINOIS ST. SAN FRANCISCO, CA 94158

Chief Medical Officer

# **Signatures**

/s/ Dorothy Pacini,

Attorney-in-fact 10/02/2015

\*\*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) Shares sold pursuant to a 10b5-1 plan.
- (2) The shares were sold at prices between \$21.09 and \$21.72. The reporting person will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.
- (3) Fully vested.

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.

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