## Edgar Filing: Clovis Oncology, Inc. - Form 4

Clovis Onc Form 4	cology, Inc.										
June 14, 20	)13										
FOR	M 4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ ~ ~ ~				~~~~~~~~~~		PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box								Expires:	January 31, 2005		
subject Section Form 4	to SIAIEA n 16. or	MENT OF	OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden hou response	average urs per		
Form 5 obligati may co <i>See</i> Ins 1(b).	ions Section 17	(a) of the P	ublic U	Itility Hol	ding Co		nge Act of 1934, of 1935 or Sectio 940	on			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Flaherty Keith T.			2. Issuer Name <b>and</b> Ticker or Trading Symbol Clovis Oncology, Inc. [CLVS]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(Last) (First) (Middle)			of Earliest T			(Check all applicable)				
C/O CLO	(First) ( VIS ONCOLOGY 5 28TH STREET,	,		Day/Year)	ransaction		X Director Officer (giv below)		% Owner her (specify		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			al	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
BOULDE	R, CO 80301						Form filed by Person	More than One R	Reporting		
(City)	(State)	(Zip)	Tab	le I - Non-J	Derivative	Securities A	cquired, Disposed of	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	eport on a separate line	e for each cla	ss of sec	urities bene	ficially ow	ned directly o	or indirectly.				
					inforı requi	nation cont red to respo ays a currer	spond to the collect ained in this form ond unless the for ntly valid OMB co	are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible s	Beneficially Owned securities)	I			
		saction Date /Day/Year)			4. Transact	5. Number iorDerivative			7. Title and Amount of Underlying Securities	8 I	

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		S (1
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 71.11	06/13/2013		А	27,587		<u>(1)</u>	06/13/2023	Common Stock	27,587	

## **Reporting Owners**

Reporting Owner Name / Address			Relationsh	lips	
		Director	10% Owner	Officer	Other
Flaherty Keith T. C/O CLOVIS ONCOLOGY, INC. 2525 28TH STREET, SUITE 100 BOULDER, CO 80301		Х			
Signatures					
/s/ Keith					
Flaherty	06/13/20	13			
<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).

(1) One-third (1/3) of the shares subject to the option shall vest on each of the first three (3) annual anniversaries of 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.