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Form 4 May 25, 20		-								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PROVAL	
Check tl	UNITED STATE	Washington, D.C. 20549						OMB Number:	3235-0287	
if no lon	aar								January 31, 2005	
subject t Section Form 4 Form 5 obligation	o 16. or Filed pursuant to ons Section 17(a) of the	STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange A Section 17(a) of the Public Utility Holding Company Act of 19						Estimated average burden hours per response 0.4		
may con <i>See</i> Inst 1(b).	annue. 20/k) of the Inv	•	•	-	•				
(Print or Type	Responses)									
1. Name and A	Address of Reporting Person * CLAY B	2. Issuer Symbol SEATTL	Name and LE GENI			-	5. Relationship of Issuer			
		[SGEN]					(Check all applicable)			
(Last) 21823 30T	(First) (Middle)	3. Date of 1 (Month/Da 05/23/20	y/Year)	ansaction			_X_ Director _X_ Officer (give below)		Owner r (specify	
	(Street)	4. If Amen		te Origing	1		6. Individual or Joi		α(Chook	
BOTHELL	, WA 98021	Filed(Mont		-	1		Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Per	rson	
(City)	(State) (Zip)	Table	I - Non-D) erivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	any	emed on Date, if	3. Transactio Code (Instr. 8)	4. Securi	ties A spose	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
C			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	05/23/2016		М	6,700	А	\$ 10.2	562,815 <u>(1)</u>	D		
Common Stock	05/23/2016		S <u>(2)</u>	6,700	D	\$ 40.116 (3)	556,115 <u>(1)</u>	D		
Common Stock	05/24/2016		М	1,700	А	\$ 10.2	557,815 <u>(1)</u>	D		
Common Stock	05/24/2016		S <u>(2)</u>	1,700	D	\$ 40 <u>(3)</u>	556,115 <u>(1)</u>	D		
Common Stock							27,945	Ι	by Trust	

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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)

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. Transactio Code (Instr. 8)	5. Number on f Derivative 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-Qualified Stock Option (right to buy)	\$ 10.2	05/23/2016		М	6,700	<u>(4)</u>	05/25/2017	Common Stock	6,70
Non-Qualified Stock Option (right to buy)	\$ 10.2	05/24/2016		М	1,700	<u>(4)</u>	05/25/2017	Common Stock	1,70

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SIEGALL CLAY B 21823 30TH DRIVE SE BOTHELL, WA 98021	Х		President and CEO				
Signatures							

/s/ Clay B. Siegall <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) Amount of securities beneficially owned following the reported transaction(s) include Restricted Stock Units that are subject to vesting.

(2) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

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(3) Sale price represents a weighted average price for all shares sold on this day, which are within a \$1.00 range.

(4) Shares vested at a rate of 25% on 5/25/08 and monthly thereafter until all the shares were fully vested on 5/25/11.

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.