

AERIE PHARMACEUTICALS INC

Form 3

October 25, 2013

FORM 3**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB
Number: 3235-0104Expires: January 31,
2005Estimated average
burden hours per
response... 0.5**INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting
Person *

Â Conway Janet L.

(Last)

(First)

(Middle)

2. Date of Event Requiring
Statement

(Month/Day/Year)

10/25/2013

3. Issuer Name **and** Ticker or Trading Symbol

AERIE PHARMACEUTICALS INC [AERI]

4. Relationship of Reporting
Person(s) to Issuer5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

☒ Director ☐ 10% Owner☐ Officer ☐ Other
(give title below) (specify below)C/O AERIE
PHARMACEUTICALS,
INC.,Â 135 U.S. HIGHWAY
206, SUITE 15

(Street)

BEDMINSTER,Â NJÂ 07921

(City)

(State)

(Zip)

6. Individual or Joint/Group
Filing(Check Applicable Line)
☒ Form filed by One Reporting
Person
☐ Form filed by More than One
Reporting Person**Table I - Non-Derivative Securities Beneficially Owned**1. Title of Security
(Instr. 4)2. Amount of Securities
Beneficially Owned
(Instr. 4)3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)4. Nature of Indirect Beneficial
Ownership
(Instr. 5)Reminder: Report on a separate line for each class of securities beneficially
owned directly or indirectly.

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**1. Title of Derivative Security
(Instr. 4)2. Date Exercisable and
Expiration Date
(Month/Day/Year)3. Title and Amount of
Securities Underlying
Derivative Security
(Instr. 4)4. Conversion
or Exercise
Price of
Derivative5. Ownership
Form of
Derivative
Security:6. Nature of Indirect
Beneficial Ownership
(Instr. 5)

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Option (right to buy)	Â <u>(1)</u>	12/09/2015	Common Stock	10,000	\$ 0.5	D	Â
Option (right to buy)	Â <u>(1)</u>	12/03/2019	Common Stock	4,911	\$ 0.405	D	Â
Option (right to buy)	Â <u>(2)</u>	04/28/2021	Common Stock	2,523	\$ 0.196	D	Â
Option (right to buy)	Â <u>(3)</u>	09/12/2023	Common Stock	16,000	\$ 3.15	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Conway Janet L. C/O AERIE PHARMACEUTICALS, INC. 135 U.S. HIGHWAY 206, SUITE 15 BEDMINSTER, NJ 07921	Â X	Â	Â	Â

Signatures

/s/Richard J. Rubino, Attorney-in-Fact for Janet L.
Conway

10/25/2013

__Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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) This option is fully vested.

This option was granted on April 28, 2011 and is currently vested and exercisable with respect to 1,734 shares underlying the option. The remaining shares underlying the unvested portion of the option will vest in equal installments on the 25th day of each month such that the option will be fully vested on March 25, 2015.

(2) This option was granted on September 12, 2013 and is currently vested and exercisable with respect to 444 shares underlying the option. The remaining shares underlying the unvested portion of the option will vest in equal installments on each monthly anniversary of the date of grant such that the option will be fully vested on September 12, 2016.

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.