Owens Julia C. Form 4 January 17, 2019

### FORM 4

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

Check this box if no longer subject to

Section 16.

Form 4 or Form 5 obligations

may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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)

(Last)

Security

(Instr. 3)

1. Name and Address of Reporting Person \* Owens Julia C.

(First)

(Street)

2. Issuer Name and Ticker or Trading Symbol

Millendo Therapeutics, Inc. [MLND]

3. Date of Earliest Transaction

(Month/Day/Year) C/O MILLENDO THERAPEUTICS, 01/15/2019 INC., 301 N. MAIN ST., SUITE 100

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

\_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

\_X\_\_ Director

Applicable Line)

X\_ Officer (give title

ANN ARBOR, MI 48104

(City) (State) (Zip) 1. Title of

2. Transaction Date 2A. Deemed (Month/Day/Year)

(Middle)

Execution Date, if (Month/Day/Year) TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

4. Securities

Securities

Beneficially Owned Following Reported

5. Amount of

Form: Direct (D) or Indirect Beneficial (I) (Instr. 4)

6. Ownership

Indirect Ownership (Instr. 4)

7. Nature of

10% Owner

Other (specify

**OMB APPROVAL** 

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January 31,

2005

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OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

President and CEO

6. Individual or Joint/Group Filing(Check

below)

Estimated average

burden hours per

(A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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.

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

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 8.8	01/15/2019		A		173,993		<u>(1)</u>	01/14/2029	Common Stock	173,99

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
<b>,</b>	Director	10% Owner	Officer	Other				
Owens Julia C. C/O MILLENDO THERAPEUTICS, INC. 301 N. MAIN ST., SUITE 100 ANN ARBOR, MI 48104	X		President and CEO					

# **Signatures**

/s/ Jeffery M. Brinza,
Attorney-in-Fact
01/17/2019

\*\*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).
- Twenty-five percent (25%) of the shares subject to this option shall vest on January 15, 2020, and one thirty-sixth (1/36th) of the (1) remaining shares subject to this option shall vest each month thereafter, subject to the Reporting Person continuing to provide service through each such date.

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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