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PROTEON THERAPEUTICS INC

Form 3

October 19, 2015

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

OMB APPROVAL OMB

response...

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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 *

A Kingsley Stuart A

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

10/16/2015

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

PROTEON THERAPEUTICS INC [PRTO]

4. Relationship of Reporting Person(s) to Issuer

Officer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O PROTEON THERAPEUTICS, INC., 200

WEST STREET

(Street)

(Check all applicable) 10% Owner _X_ Director

Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

WALTHAM, MAÂ 02451

(City) (State) (Zip)

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial Ownership

(Instr. 5) Form: Direct (D)

or Indirect (I) (Instr. 5)

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

Date

Exercisable

SEC 1473 (7-02)

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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)

5. 4 Conversion or Exercise Price of

6. Nature of Indirect Ownership Form of Derivative

Beneficial Ownership (Instr. 5)

Expiration Title

Date

Amount or Number of

Derivative Security: Security Direct (D)

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Shares

or Indirect
(I)
(Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

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Kingsley Stuart A

C/O PROTEON THERAPEUTICS, INC. 200 WEST STREET

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WALTHAM, MAÂ 02451

Signatures

/s/ George A. Eldridge, attorney-in-fact for Stuart A. Kingsley

10/19/2015

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**Signature of Reporting Person

Date

Explanation of Responses:

No securities are beneficially owned

- * 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).

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Remarks:

Ex. 24.1 Power of Attorney.

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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