FORM		TED STA	TES SECURITIES AND EXCHANGE COMMISSION			OMB APPROVAL			
	Washington, D.C. 20549					OMB Number:	3235-0104		
	INITIAL STATEMENT OF BENEFICIAL OWNERSH					HP OF	Expires:	January 31, 2005	
		on 17(a) of	to Section 16(a) of th the Public Utility Hol 0(h) of the Investment	ding Company	y Act of 193		Estimated a burden hou response n	average Irs per	
Print or Type R	esponses)								
Person _			Statement (Month/Day/Year)		3. Issuer Name <b>and</b> Ticker or Trading Symbol Sarepta Therapeutics, Inc. [SRPT]				
(Last)	(First)	(Middle)	11/05/2012					Amendment, Date Original (Month/Day/Year)	
C/O SAREP THERAPEU MONTE VII SUITE 101 BOTHELL,/	TICS, ING LLA PAR	KWAY,		(Check Director X_ Officer (give title belo	all applicable	) owner ow) 6. Inc FO Filing _X_F Person F	lividual or Joir g(Check Applica form filed by On	nt/Group ble Line) e Reporting	
(City)	(State)	(Zip)	Table I	- Non-Derivat	tive Securit	ies Benefic	ially Owned	1	
1.Title of Secur (Instr. 4)	ity			t of Securities lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Benef	ficial	
D			-h -lf:4: h	C 11					

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

Mahatme Sandesh

November 07, 2012

Form 3

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)

SEC 1473 (7-02)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships				
	Director	10% Owner	Officer	Other	
Mahatme Sandesh XO SAREPTA THERAPEUTICS, INC. 450 MONTE VILLA PARKWAY, SUITE 101 BOTHELL, WA 98021	Â	Â	Senior Vice President, CFO	Â	
lanoturoo					

# Signatures

M C/ 34 B

/s/ Sandesh Mahatme	11/07/2012
<u>**</u> 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).

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.