## Edgar Filing: Jarrett Jennifer - Form 4

Jarrett Jennif Form 4 June 15, 201												
FORM	4								-	PPROVAL		
UNITED STATES SECURITIES AND EACHANGE COMMISSION								OMB Number:	3235-0287			
Check thi												
if no long subject to Section 1 Form 4 or	6. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: Estimated a burden hou response	urs per		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	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 F	Responses)											
Is mucht Is an if an			Symbol	Name and			-	5. Relationship of Reporting Person(s) to Issuer				
		ARENA PHARMACEUTICALS INC [ARNA]					(Check all applicable)					
(Last)				of Earliest Transaction /Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)				
C/O ARENA PHARMAC NANCY RI	EUTICALS, INC	2., 6154	06/13/20	)18				below)	below)			
				nendment, Date Original				6. Individual or Joint/Group Filing(Check				
				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
SAN DIEGO	O, CA 92121							Person	viore than One Ro	eporung		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
(Instr. 3) any			med3.4. Securitieson Date, ifTransactionAcquired (A) or CodeCodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 8)(Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	06/13/2018			Code V A	3,050 (1)	A	\$0	3,050	D			
Damin dam Dam	out on a concepta line	for each -1		:4:16:	aially, ar	ad dim	othu ca	in directly				

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)

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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. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		of Derivative Expiration Date Securities (Month/Day/Year) Acquired A) or Disposed of D) Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. H Dei Sec (Ini
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 49.17	06/13/2018		А	5,000		(2)	06/13/2025	Common Stock	5,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Jarrett Jennifer C/O ARENA PHARMACEUTICALS, INC. 6154 NANCY RIDGE DR SAN DIEGO, CA 92121	Х						
Signatures							
/s/ Steven W. Spector, as Attorney-in-Fact	06/15/2018						
**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) The amount represents restricted stock units that vest in full on the earliest of June 13, 2019, or the date of Arena's next annual meeting of stockholders. The shares underlying the restricted stock units will be issued upon vesting of the restricted stock units.
- (2) The options vest in 12 equal monthly installments (except as otherwise necessary to avoid vesting of a fractional share) over one year beginning on July 13, 2018, and are exercisable once vested.

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.