

Sloan Leslie
Form 3
March 08, 2019

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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 *

Â Sloan Leslie

(Last)

(First)

(Middle)

2. Date of Event Requiring
Statement

(Month/Day/Year)

03/06/2019

3. Issuer Name **and** Ticker or Trading Symbol
Aeglea BioTherapeutics, Inc. [AGLE]

4. Relationship of Reporting
Person(s) to Issuer

5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

____ Director ____ 10% Owner

☒ Officer ____ Other
(give title below) (specify below)

Chief Operating Officer

C/O AEGLEA
BIOTHERAPEUTICS,
INC.,Â 901 S. MOPAC
EXPRESSWAY, SUITE 250

(Street)

AUSTIN,Â TXÂ 78746

(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
Derivative

5. 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)	
Employee Stock Option (right to buy)	Â <u>(1)</u>	10/09/2027	Common Stock	55,000	\$ 5.975	D	Â
Employee Stock Option (right to buy)	Â <u>(2)</u>	02/19/2028	Common Stock	80,000	\$ 6.31	D	Â
Employee Stock Option (right to buy)	Â <u>(3)</u>	02/27/2029	Common Stock	72,000	\$ 8.36	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Sloan Leslie C/O AEGLEA BIOTHERAPEUTICS, INC. 901 S. MOPAC EXPRESSWAY, SUITE 250 AUSTIN, TX 78746	Â	Â	Â Chief Operating Officer	Â

Signatures

/s/ Charles N. York II, by power of attorney 03/08/2019

 **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).

The stock option vested and became exercisable as to 1/4th of the shares subject to the option on August 28, 2018, and thereafter shall
(1) continue to vest and become exercisable as to 1/48th of the shares in equal monthly installments, until such time as the option is 100% vested, subject to the continuing employment of the Reporting Person on each vesting date.

The stock option vested and became exercisable, and shall continue to vest and become exercisable, in 48 equal monthly installments
(2) beginning on March 20, 2018, until such time as the option is 100% vested, subject to the continuing employment of the Reporting Person on each vesting date.

(3) The stock option vests and becomes exercisable in 48 equal monthly installments beginning on March 31, 2019, until such time as the option is 100% vested, subject to the continuing employment of the Reporting Person on each vesting 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.