## Edgar Filing: RXi Pharmaceuticals Corp - Form 4

RXi Pharmac	ceuticals Corp										
Form 4											
May 15, 2014											
FORM	$ 4 _{\mathrm{UNITE}}$		SECUD	TTIES A	ND EV		NCE	COMMISSION	r	PPROVAL	
	UNITE	DSIAIES			ND EXCHANGE COM D.C. 20549				OMB Number:	3235-0287	
Check thi	s box		vvas	migton,	D.C. 20	549				January 31,	
if no long		EMENT O	F CHAN	GES IN I	GES IN BENEFICIAL OWNI				Expires:	2005	
subject to Section 1				SECUR					Estimated average		
Form 4 or				Sheen					burden hours per response 0.5		
Form 5	Filed p	oursuant to	Section 10	5(a) of the	e Securit	ies E	xchang	ge Act of 1934,	100001100111	0.0	
obligatior may conti	<sup>18</sup> Section 1						-	f 1935 or Sectio	n		
See Instru		30(h)	of the In-	vestment	Compan	y Ac	t of 194	40			
1(b).											
(Print or Type R	(esponses)										
1. Name and A	ddress of Reporti	ng Person *	2 Issuer	Name and	Ticker or	Tradia	nα	5. Relationship of	f Reporting Per	son(s) to	
Advanced RNA Technologies, LLC Symbol				er Name <b>and</b> Ticker or Trading				Issuer			
		-	-	rmaceuti	cals Cor	ο [RΣ	XII]				
(Last)	(First)	(First) (Middle) 3. D			ansaction		1	(Check all applicable)			
()	()	()	(Month/D		unsuetion			Director	_X_ 109	% Owner	
1 KENDALL SQUARE BUILDING 04/22/20			-				Officer (give titleOther (specify below)				
200, SUITE	2203							below)	below)		
(Street) 4. If Ame			endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon				nth/Day/Year)				Applicable Line)			
		•						_X_ Form filed by ( Form filed by N	One Reporting Pe More than One Re		
CAMBRID	GE, MA 02139	9						Person		1 0	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	n Date, if Transaction(A) or Disposed of					Securities	Form: Direct	Indirect		
(Instr. 3)	any (Month/Day/Ye			Code (D) (Instr. 8) (Instr. 3, 4 and 5)				-	× /	Beneficial Ownership	
		(Ivioiiui/	Day/Teal)	(11150.0)	(111501. 5,	4 anu	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(Instr. 5 and 4)			
Common							<b>.</b>				
Stock,	04/22/2014			<b>J</b> (1)	5,000	D	\$	1,250,315	D		
\$0.0001 par value							4.11				

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)

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. Transac Code (Instr. 8	<ol> <li>5.</li> <li>tionNumber of</li> <li>Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)</li> </ol>	Expiration E (Month/Day e			ele and unt of rlying rities - 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Advanced RNA Technologi 1 KENDALL SQUARE BU SUITE 2203 CAMBRIDGE, MA 02139		Х						
Signatures								
Alexey Wolfson	05/15/2014							
<u>**</u> 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) Sales of non-derivative securities sold in the manner required under Rule 144.

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.