Edgar Filing: AVEO PHARMACEUTICALS INC - Form 4

AVEO PHA Form 4 April 06, 20	RMACEUTICA	LS INC	-								
FORM	ΠΛ								PPROVA	۹L	
-	UNITED	STATES		RITIES A shington			E COMMISSIO	N OMB Number:		-0287	
Check th if no lon	aer							Expires:	Janua	ry 31, 2005	
subject to Section Form 4 c	6. STATEN	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden ho	Estimated average burden hours per response 0.			
may con	Form 5 obligations may continue. See Instruction 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 A EVNIN AN	2. Issuer Name and Ticker or Trading Symbol			5. Relationship Issuer	5. Relationship of Reporting Person(s) to Issuer						
			AVEO PHARMACEUTICALS INC [AVEO] (Chec					eck all applicabl	ck all applicable)		
(Last)	(First) (Middle)	ddle) 3. Date of Earliest Transaction			ı	X_ Director 10% Owner Officer (give title Other (specify				
C/O AVEO INC., 650 E	(Month/Day/Year) 04/02/2015			below)	below)	her (specify					
			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
CAMBRID	GE, MA 02142						Form filed by Person	More than One R	Reporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficia	ally Owne	d	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Dispose (Instr. 3,	(A) or d of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al 11p	
Reminder: Por	oort on a separate line	for each a	ass of see	urities bene	ficially or	uned directly	or indirectly				
Kenninder: Kej	on on a separate line	e for each cl	ass of sec	unties bene.	-	-	or mairecuy. spond to the colle	ection of	SEC 1474		
					infor requ	mation con ired to resp lays a curre	tained in this forr ond unless the fo ntly valid OMB co	n are not orm	(9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securitie

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day,	(Year)	(Instr. 3 and	4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Stock Option (right-to-buy)	\$ 1.61	04/02/2015		A <u>(1)</u>	25,155	(2)	04/02/2025	Common Stock	25,1

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
EVNIN ANTHONY B C/O AVEO PHARMACEUTICALS, INC. 650 E. KENDALL STREET CAMBRIDGE, MA 02142	Х					
Signatures						

U	
/s/ Ryan Bis	04/06/2015
<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).

The transaction reported in this Form 4 was effected pursuant to a board policy adopted in April 2015, to receive 100% of the reporting
 (1) person's retainer payment for board member service in the form of stock options, issued under the issuer's amended and restated 2010 Stock Incentive Plan, as amended.

(2) This option vests in four equal quarterly installments commencing on January 1, 2015 and ending on December 31, 2015.

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.