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AVEO PHARMACEUTICALS INC Form 3 April 28, 2015 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

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

OMB APPROVAL

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> Ehrlich Keith S | | | Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol AVEO PHARMACEUTICALS INC [AVEO] | | | | | | |
|--|-----------------------------|---|---|--|--|---|---|--|--|--|
| (Last) | (First) | (Middle) | 04/19/2015 | 4. Relationsh Person(s) to I | ip of Reporting ssuer | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | | |
| 650 EAST I | KENDALL | STREET | | | | | | | | |
| (Street) | | | | (Check | (Check all applicable) | | 6. Individual or Joint/Group | | | |
| CAMBRID | GE, MAÂ | 02142 | | X Officer (give title below | Director 10% Owner X_Officer Other (give title below) (specify below) Chief Financial Officer | | Eiling(Charle Applicable Line) | | | |
| (City) | (State) | (Zip) | Table I | Non-Derivat | Non-Derivative Securities Beneficially Owned | | | | | |
| 1.Title of Secu (Instr. 4) | rity | | 2. Amoun Beneficial (Instr. 4) | t of Securities ly Owned | Ownership | 4. Nature of Indir Ownership (Instr. 5) | ect Beneficial | | | |
| Reminder: Rep owned directly | | te line for ea | ach class of securities bene | ficially S | EC 1473 (7-02) | | | | | |
| - | Persor inform require | ation conta ed to respo | pond to the collection ained in this form are n and unless the form dis MB control number. | ot | | | | | | |
| 7 | Fable II - Deri | ivative Secu | rities Beneficially Owned | (e.g., puts, calls, | warrants, opti | ons, convertible | securities) | | | |
| 1. Title of Der (Instr. 4) | ivative Securit | y 2. Date Expirati (Month/Day Date | on Date Secu | tle and Amount of rities Underlying vative Security r. 4) | | se Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |

Title

Amount or

Number of

Shares

or Indirect

(Instr. 5)

(I)

Exercisable Date

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| Stock Option (right to buy) | (1) | 03/03/2025 | Common Stock | 15,000 | \$ 1.15 | D | Â |
|-----------------------------|-----|------------|-----------------|--------|---------|---|---|

Reporting Owners

Reporting Person

| Reporting Owner Name / Address | | Relationships | | | | | |
|---|----------|---------------|-----------|-------------------------------|-------|--|--|
| | | Director | 10% Owner | Officer | Other | | |
| Ehrlich Keith S 650 EAST KENDALL STREET CAMBRIDGE, MA 02142 | | Â | Â | Chief Financial Officer | Â | | |
| Signatures | | | | | | | |
| /s/ Keith S. Ehrlich | 04/28/20 | 15 | | | | | |
| **Signature of | 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).

(1) This option vests in three equal monthly installments, commencing on March 31, 2015 and ending on May 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.