Edgar Filing: ARRAY BIOPHARMA INC - Form 4

ARRAY BIO Form 4 August 20, 20	PHARMA INC									
								OMB A	PPROVAL	
FORM	4 UNITED	STATES		RITIES . ashingtor			E COMMISSIO	N OMB Number:	3235-0287	
Check this								Expires:	January 31,	
if no longe subject to Section 16 Form 4 or	SIAIEN	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden hou response	urs per		
Form 5 obligations may contin <i>See</i> Instruc 1(b).	Section 17(a) of the l	Public U	Jtility Ho	lding Co		nge Act of 1934, t of 1935 or Secti 1940			
(Print or Type Re	esponses)									
1. Name and Address of Reporting Person <u>*</u> MOORE JOHN R			2. Issuer Name and Ticker or Trading Symbol ARRAY BIOPHARMA INC			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[ARRY	Y]			(Check all applicable)			
(Last) C/O ARRAY INC., 3200 W	3. Date of Earliest Transaction (Month/Day/Year) 08/18/2014			Director 10% Owner X Officer (give title Other (specify below) below) VP, General Counsel						
		4. If Amendment, Date Original Filed(Month/Day/Year)			al	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
BOULDER,	0 80301						Person			
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	. Transaction Date Month/Day/Year)		Date, if		4. Securit onAcquired Disposed (Instr. 3,	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: Report	rt on a separate line	e for each cl	ass of sec	urities bene	eficially ow	ned directly	or indirectly.			
					inforr requi	nation con red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or convertible	• Beneficially Owned securities)	đ		

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

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (or Disposed (D) (Instr. 3, 4, and 5)	d of	(Month/Day/	/Year)	(Instr. 3 and	4)
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	\$ 0 <u>(1)</u>	08/18/2014		А	45,812		(2)	08/18/2018	Common Stock	45,812

Reporting Owners

Reporting Owner Name / Address	Relationships							
, g	Director	10% Owner	Officer	Other				
MOORE JOHN R C/O ARRAY BIOPHARMA INC. 3200 WALNUT STREET BOULDER, CO 80301			VP, General Counsel					
Signatures								
R. Michael Carruthers, attorney-in-	eporting	08/20/2014						
<u>**</u> Signature of Reporting Pe		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) Restricted Stock Units were awarded to the reporting person for no additional cash consideration and represent a contingent right to receive one share of Array BioPharma Inc. common stock.

The RSU's vest upon achievement of certain milestones relating to a program licensed by the Company to Novartis International Pharmaceutical Ltd., with one half vesting upon achievement of the first milestone relating to the return of commercialization rights for

(2) binimetinib to the Company that have been licensed to Novartis International Pharmaceutical Ltd. and one half vesting upon achievement of the second milestone on or prior to the fourth anniversary of the grant date, in each case subject to continued service with the Company as of 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.