Achaogen Inc Form 3 March 11, 2014

# FORM 3

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

Expires:

3235-0104

0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

January 31, 2005

Estimated average burden hours per response...

**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 \*

Murray Christine

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

03/11/2014

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Achaogen Inc [AKAO]

(Check all applicable)

VP, Regulatory Affairs

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O ACHAOGEN, INC., 7000 SHORELINE COURT, #371

(Street)

Director \_X\_\_ Officer

10% Owner Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

4. Nature of Indirect Beneficial

### **SOUTH SAN** FRANCISCO. CAÂ 94080

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

Table I - Non-Derivative Securities Beneficially Owned

Ownership (Instr. 5)

Direct (D) or Indirect (I) (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

5. Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable Expiration Date

Title

Amount or Number of Shares

Derivative Security

Direct (D) or Indirect (I)

						(Instr. 5)	
Stock Option (Right to Buy)	(1)	09/14/2021	Common Stock	11,727	\$ 7.26	D	Â
Stock Option (Right to Buy)	(2)	11/08/2022	Common Stock	48,236	\$ 4.73	D	Â
Stock Option (Right to Buy)	(3)	01/30/2024	Common Stock	18,181	\$ 9.24	D	Â

# **Reporting Owners**

Murray

Reporting Owner Name / Address	Relationships					
reporting of the first family results.	Director	10% Owner	Officer	Other		
Murray Christine C/O ACHAOGEN, INC. 7000 SHORELINE COURT, #371 SOUTH SAN FRANCISCO, CA 94080	Â	Â	VP, Regulatory Affairs	Â		
Signatures						
/s/ Dennis Hom, Attorney-in-Fact for Christine		03/11/2014				

\*\*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).
- Twenty-five percent (25%) of the shares subject to the option vest on the first anniversary measured from August 18, 2011, and the (1) remaining shares subject to the option vest in 36 successive, equal monthly installments thereafter, subject to the Reporting Person's continued employment or service relationship with the Issuer on each such vesting date.
- (2) The shares subject to the option vest in 48 successive, equal monthly installments on each monthly anniversary of September 20, 2012, subject to the Reporting Person's continued employment or service relationship with the Issuer on each such vesting date.
- (3) The shares subject to the option vest in 48 successive, equal monthly installments on each monthly anniversary of January 30, 2014, subject to the Reporting Person's continued employment or service relationship with the Issuer on each such 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.

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