GLAXOSMITHKLINE PLC
Form 3
April 16, 2019

FORM 3

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

OMB APPROVAL

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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

(Print or Type Responses)

1. Name and Address of Reporting Person *
Â GLAXOSMITHKLINE PLC
(Last) (First) (Middle)

980 GREAT WEST ROAD
(Street)

BRENTFORD
MIDDLESEX,Â X0Â TW8 9GS
(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)
04/16/2019

3. Issuer Name **and** Ticker or Trading Symbol
Turning Point Therapeutics, Inc. [TPTX]

4. Relationship of Reporting Person(s) to Issuer
(Check all applicable)
__X__ Director
_____ Officer (give title below)
__X__ 10% Owner
_____ Other (specify below)

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
_X_ Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (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 Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Series C Preferred Stock	Â (1)	Â (1)	Common Stock	1,120,730 (2)	$ (1)	I	See Footnote (4)
Series D Preferred Stock	Â (3)	Â (3)	Common Stock	546,820 (2)	$ (3)	I	See Footnote (4)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GLAXOSMITHKLINE PLC 980 GREAT WEST ROAD BRENTFORD MIDDLESEX,Â X0Â TW8 9GS	Â X	Â X	Â	Â

Signatures

/s/ Victoria A. Whyte, SVP & Company Secretary, GlaxoSmithKline plc	04/16/2019
**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).
(1)	The shares of Series C Preferred Stock are convertible at any time at the election of the holder without payment of further consideration. Each share of Series C Preferred Stock will automatically convert into 0.25974026 shares of Common Stock upon the closing of the Issuer's initial public offering. The shares have no expiration date.
(2)	Share numbers give effect to the reverse split of each share of the Issuer's Common Stock into 0.25974026 shares of Common Stock, effected on April 5, 2019, which will be effective for the Preferred Stock upon its conversion to Common Stock upon the closing of the Issuer's initial public offering.
(3)	The shares of Series D Preferred Stock are convertible at any time at the election of the holder without payment of further consideration. Each share of Series D Preferred Stock will automatically convert into 0.25974026 shares of Common Stock upon the closing of the Issuer's initial public offering. The shares have no expiration date.
(4)	The shares reported herein are held of record by S.R. One, Limited, an indirect, wholly-owned subsidiary of GlaxoSmithKline plc (the "Reporting Person").

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.
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