Edgar Filing: Aralez Pharmaceuticals Inc. - Form 4

| Aralez Pharmaceuticals Inc. Form 4 March 18, 2016 | | | | | | | | | | |
|--|---|--|---|----------------------------|---|---|---|------------------|-----------|--|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pu | CITIES AND EXCHANGE COMM Shington, D.C. 20549 GES IN BENEFICIAL OWNERSE SECURITIES 6(a) of the Securities Exchange Act of | | | | NERSHIP OF e Act of 1934, | OMB Number: Expires: Estimated a burden hou response | rs per | | | |
| (Print or Type Responses) | | Public Ut of the Inv | • | . . | | | f 1935 or Sectio 40 | 'n | | |
| 1. Name and Address of Reporting Person2. Glickman Mark A | | | | Ticker or T uticals Inc | - | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | of Earliest Transaction /Day/Year) 2016 | | | | Director 10% Owner X Officer (give title Other (specify below) below) Chief Commercial officer | | | |
| (Street) MILTON, ONTARIO, A6 I | endment, Date Original nth/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 | | | | | |
| (City) (State) | (Zip) | Table | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) | | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect | | |
| Common Shares, without par value | | | Code V | Amount 45,553 (1) | or | Price \$ 0 | Transaction(s) (Instr. 3 and 4) 161,553 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8 E S (1 |
|---|---|---|---|--|--|-------------------------------------|--------------------|---|-------------------------------------|-------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Options (right to buy) | \$ 3.8 | 03/17/2016 | | A | 38,559 | (2) | 03/17/2026 | Common Shares, without par value | 38,559 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|--------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Glickman Mark A C/O ARALEZ PHARMACEUTICALS INC., 151 STEELES AVENUE EAST MILTON, ONTARIO, A6 L9T 1Y1 | | | Chief Commercial officer | | | |
| Signatures | | | | | | |
| /s/ Eric L. Trachtenberg, attorney-in -fact for M Glickman | Iark A. | | 03/18/2016 | | | |
| **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).
- (1) Restricted Stock Units granted pursuant to the Aralez Pharmaceuticals Inc. 2016 Long-Term Incentive Plan, which vest ratably over three years commencing on the anniversary of the date-of-grant.
- (2) The options vest in equal tranches on a monthly basis over a 4-year period beginning on April, 17, 2016.

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.