Sevion Therapeutics, Inc. Form 4

November 20, 2014

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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Expires:

January 31, 2005

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response...

subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

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

See Instruction 1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * THOMPSON JOHN PHD

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

Sevion Therapeutics, Inc. [SVON]

(Check all applicable)

(First)

(Street)

3. Date of Earliest Transaction

(Month/Day/Year) 11/18/2014

Director 10% Owner X_ Officer (give title

Scientific Founder

below)

Other (specify

721 ROUTE 202/206, SUITE 130

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

(Instr. 4)

Person

BRIDGEWATER, NJ US 08807

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

(Middle)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (T)

(Instr. 4)

(9-02)

(A)

Reported Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

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

Conversion or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount Underlying Securitie (Instr. 3 and 4)

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(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4,

and 5)

Code V (A)

(D) Date Exercisable Expiration Date

Title

Amour orNumbe

of Shar

34,02

Common

Stock Option

(right to buy)

\$ 0.83 11/18/2014(2)

34,020 A

11/18/2015(1) 11/18/2024

Common

Stock

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

THOMPSON JOHN PHD 721 ROUTE 202/206 **SUITE 130** BRIDGEWATER, NJ US 08807

Scientific Founder

Signatures

John Thompson

11/20/2014

Ph.D.

**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).

The options vest in a two-step process. First, options will vest based on the attainment of pre-established corporate and individual performance goals. Second, the options that are earned based on the attainment of performance goals will vest as follows: 25% on the first

- (1) anniversary of the date of grant with the balance vesting at a rate of 1/36 per month thereafter, subject to the executive officer's continued service through each applicable vesting date. No options will vest if the Company's compensation committee has determined that the performance metrics have not been met.
- Such option grant was approved by the Company's compensation committee in September 2014 and, consistent with prior practice, was (2) granted on the second business day following the Company's filing of its quarterly report on Form 10-Q for the period ending September

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.

Reporting Owners 2