St Peter Stev Form 4	ven										
October 31, 2	2018										
								OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check th if no long	705						Expires:	January 31, 2005			
subject to Section 1 Form 4 o	.6. SIAIEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 I	Responses)										
1. Name and Address of Reporting Person <u>*</u> St Peter Steven							5. Relationship of Reporting Person(s) to Issuer				
			TANA THI [X]	EKAPEU	ne	S, INC.	(Check all applicable)				
(Last)	(First) (I	,	te of Earliest Ti th/Day/Year)	ransaction			_X_ Director _X_ Officer (give	title Othe	Owner r (specify		
INC., 11400	ANA THERAPE) TOMAHAWK 7, SUITE 340	UTICS, 10/3	0/2018			I	pelow) PRESID	below) ENT AND CE	Ö		
			Amendment, Da Month/Day/Yea	onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LEAWOOD	D, KS 66211						Form filed by M Form filed by M Person				
(City)	(State)	(Zip)	fable I - Non-I	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	Transaction Disposed of (D) Code (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	OwnershipInForm:BaDirect (D)O'or Indirect(In(I)O'	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	or (D)	Price \$	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock	10/30/2018		S <u>(1)</u>	11,513	D	\$ 5.8589 (2)	562,720	D			
Common Stock							86,997	Ι	By LLC (3)		

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

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number.

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
St Peter Steven C/O ARATANA THERAPEUTICS, INC. 11400 TOMAHAWK CREEK PARKWAY, SUITE 340 LEAWOOD, KS 66211		Х		PRESIDENT AND CEO				
Signatures								
/s/ Steven St. Peter	10/31/2018							
<u>**</u> 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) The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on September 13, 2017.

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.84 to \$5.90, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the

(2) The solution of the resolution of the resolution

Held in the name of Vie Venture LLC, a Delaware limited liability company ("Vie Venture"). The Reporting Person has sole voting and(3) dispositive power over the shares held by Vie Venture, but disclaims beneficial ownership of the shares held thereby except to the extent of his pecuniary interest therein.

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.