## Edgar Filing: Akebia Therapeutics, Inc. - Form 4

Akebia Ther	apeutics, Inc.												
Form 4													
February 24,	, 2016												
FORM	UNITED STATES SECURITIES AND EACHANGE COMMISSI						OMMISSION		PPROVAL 3235-0287				
Check th if no long subject to Section 1 Form 4 of Form 5 obligatio may cont <i>See</i> Instr 1(b).	ger o 16. or Filed p ns tinue. Section 1	Washington, D.C. 20549 STATEMENT OF CHANGES IN 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								Expires: Estimated a burden hou response	•		
(Print or Type ]	Responses)												
1. Name and Address of Reporting Person <u>*</u> Butler John P.			2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer				
	Akebia	Akebia Therapeutics, Inc. [AKBA]						(Check all applicable)					
(Last) C/O AKEB INC., 245 F 1100	3. Date of Earliest Transaction (Month/Day/Year) 02/22/2016					X Director 10% Owner X Officer (give title Other (specify below) below) CEO and President							
					lled(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CAMBRID	GE, MA 02142	2							Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Noi	n-D	erivative Se	ecuriti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any	med on Date, if Day/Year)	3. Transa Code (Instr. 4) Code	8)	4. Securitie n(A) or Disp (Instr. 3, 4 Amount	oosed o	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	02/22/2016			А		125,500 (1)	А	\$0	351,173	D			

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

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 Acquired, Disposed of, or Beneficially Owned

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

1. Title of Derivative Security (Instr. 3)	ivative Conversion (Month/Day/Year) H urity or Exercise a		3A. Deemed Execution Date, i any (Month/Day/Year	Code	TransactionDerivative		6. Date Exer Expiration D (Month/Day,	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 7.7	02/22/2016		А		190,550	<u>(2)</u>	02/22/2026	Common Stock	190,550
Repo	rting O	wners								
Reporting Owner Name / Address			Rela	ationsh	ips					
перо			Director 10	% Owner	Officer		Other			
Butler John P. C/O AKEBIA THERAPEUTICS, INC. 245 FIRST STREET, SUITE 1100 CAMBRIDGE, MA 02142			· x		CEO	and Presi	dent			
Signa	tures									
Nicolo D	Hadaa att	armon in fact for I	ohn D							

## Nicole R. Hadas, attorney-in-fact for John P. Butler

02/24/2016

Date

\*\*Signature of Reporting Person

## **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 restricted stock units were granted by the Issuer pursuant to its 2014 Incentive Plan. One hundred percent of the restricted stock units will vest on the third anniversary of the Grant Date.
- (2) This option was granted February 22, 2016. 25% of the shares underlying this option will vest on the first anniversary of the grant date with the remaining 75% vesting in equal quarterly installments thereafter.

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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