Edgar Filing: Regulus Therapeutics Inc. - Form 4

•	erapeutics Inc.											
Form 4												
February 24	, 2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
	UNITED	STATES			AND EXCH , D.C. 2054		GE CC	OMMISSION	OMB Number:	3235-0287		
Check the	U				Expires:	January 31,						
if no longer subject to STATEMENT OF CHAN				NGES IN	BENEFIC	[AL (OWN	ERSHIP OF	•	2005		
Section		SECURITIES							Estimated average burden hours per			
Form 4	or								response 0			
Form 5	Filed pu	rsuant to S	Section 1	16(a) of th	ne Securities	Excl	nange	Act of 1934,				
obligation may cor	Section 17	(a) of the l	Public U	Itility Hol	ding Compa	ny A	ct of 1	935 or Section	l			
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).												
1(0).												
(Print or Type	Responses)											
1. Name and	Address of Reporting	g Person [*]	2. Issue	er Name an o	d Ticker or Tra	ding		6. Relationship of l	Reporting Pers	on(s) to		
ALNYLAN			Symbol					Issuer				
PHARMACEUTICALS, INC. Regult				us Therapeutics Inc. [RGLS]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	of Earliest T	ransaction			(Check	an applicable)		
(Month			(Month/I	Ionth/Day/Year)				DirectorX 10% Owner				
300 THIRD STREET, 3RD FLOOR 02/2				2016			b	Officer (give titleOther (specify below)				
				Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				onth/Day/Yea	r)		A	Applicable Line)				
							-	X_Form filed by O	1 0			
CAMBRID	DGE, MA 02142						P	Form filed by Mo Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative Sec	uritie	s Acqui	red, Disposed of,	or Beneficial	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	4. Securities A our Disposed of (Instr. 3, 4 and Amount	of (D)	ed (A) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common						. ,	\$					
Stock	02/23/2016			S	1,000,000	D	ф 7.18	4,896,716	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	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	unt of	Derivative	Deriv	
Security	or Exercise	· · ·	any	Code	of		(Month/Day/	(Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriva		· ·	,	Secur	• •	(Instr. 5)	Bene
(1115411-0)	Derivative		(11011111/2043)(1041)	(1115111-0)	Securi					. 3 and 4)	(11547.0)	Owne
	Security				Acqui				(msu	. <i>5</i> and 4)		Follo
	Security				-							
					(A) or							Repo
					Dispos							Trans
					of (D)							(Instr
					(Instr.	. 3,						
					4, and	l 5)						
				Cada V	(\mathbf{A})		Data	Evaluation	Title	Amount		
				Code V	(A) (· /		Expiration	Title			
							Exercisable	Date		or		
										Number		
										of		
										Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
FS	Director	10% Owner	Officer	Other				
ALNYLAM PHARMACEUTICALS, II 300 THIRD STREET, 3RD FLOOR CAMBRIDGE, MA 02142	NC.	Х						
Signatures								
Christopher Aker, Attorney-in-Fact	02/24/2016							
** 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).

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.