Edgar Filing: HOWARD RUDY - Form 4

| HOWARD RUI Form 4 | Y | | | | | | | | | | |
|--|---|--|------------------|-------------------------|---|---|--|--|---|--|--|
| March 11, 2019 | | | | | | | | | | | |
| FORM 4 | | статро | SECU | DITIES A | ND EV | | COMMISSIO | NT. | PPROVAL | | |
| Washington, D.C. 20549 | | | | | | | | N OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSH | | | | | | | Expires: | January 31, 2005 | | | |
| subject to Section 16. Form 4 or | AENT OI | F CHAI | NGES IN SECUF | Estimated burden hou | Estimated average burden hours per response 0.5 | | | | | | |
| Form 5 obligations may continue <i>See</i> Instruction 1(b). | Section 17(| a) of the l | Public U | Jtility Hol | ding Cor | | nge Act of 1934, of 1935 or Section 940 | · | | | |
| (Print or Type Resp | onses) | | | | | | | | | | |
| 1. Name and Addree HOWARD RU | 2. Issuer Name and Ticker or Trading Symbol vTv Therapeutics Inc. [VTVT] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | | |
| (Last) (First) (Middle) | | | | • | - | 1 • 1] | (Check all applicable) | | | | |
| C/O VTV THE INC., 4170 ME | } | 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2019 | | | | Director 10% Owner Officer (give title below) Other (specify below) | | | | | |
| PKWY | | 2 OAKS | | | | | C | FO & Secretary | | | |
| | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | | |
| HIGH POINT, | NC 27265 | | | | | | | More than One R | | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-I | Derivative | Securities A | cquired, Disposed | of, or Beneficia | lly Owned | | |
| | | ansaction Date 2A. Deen th/Day/Year) Execution any (Month/D | | Code | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) | | Securities D Beneficially (Owned (Following (Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | Amount | or (D) Price | Transaction(s) (Instr. 3 and 4) | | | | |
| Domindor: Donort o | on a concrete line | for each a | ass of soo | uritics band | ficially our | and directly | ar indiractly | | | | |
| Reminder: Report o | on a separate mit | | | untres bene | Perso inforn requir | ns who res nation cont ed to resp lys a curre | spond to the colle ained in this form ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | | |
| | Tab | | | | uired, Dis | | Beneficially Owned securities) | i | | | |

Edgar Filing: HOWARD RUDY - Form 4

| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day | y/Year) | Code (Instr | | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | (Month/Day/Year) | | (Instr. 3 and 4) | |
|--|---|-----------------|-------------------|---------|----------------|-------|---|-----|---------------------|--------------------|----------------------------|----------------------------|
| | | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount Number Shares |
| Employee stock option (right to buy) | \$ 2.18 | 03/07/2019 | | | А | | 125,000 | | <u>(1)</u> | 03/07/2029 | Class A Common Stock | 125,00 |
| Reporting Owners | | | | | | | | | | | | |
| Reporting Owner Name / Address | | Relationships | | | | | | | | | | |
| | | | Director | 10% Ow | ner | Offic | cer | | Other | | | |
| HOWARD RUDY C/O VTV THERAPEUTICS INC. | | CFO & Secretary | | | | | | | | | | |

4170 MENDENHALL OAKS PKWY HIGH POINT, NC 27265

Signatures

/s/ Rudy C. 03/11/2019 Howard

**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 option vests in three equal annual installments beginning on March 7, 2020.

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.