Edgar Filing: AERIE PHARMACEUTICALS INC - Form 4

AERIE PHARMACEUTICA Form 4 February 27, 2015	ALS INC								
FORM 4Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations 							OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5		
1(b). (Print or Type Responses)									
1. Name and Address of Reporting LEVY BRIAN	Name and Ticker or Trading PHARMACEUTICALS INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) C/O AERIE PHARMACEUTICALS, IN MAIN STREET, SUITE 150	Earliest Transaction ay/Year))15				Director 10% Owner X_Officer (give title Other (specify below) below) below) Chief Medical Officer				
(Street) IRVINE, CA 92614		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 Form filed by More than One Reporting			
(City) (State)	(Zip) Tabl	le I - Non-Do	erivative S	ecurit	ies Acq	Person uired, Disposed of	f, or Beneficial	lv Owned	
1.Title of Security (Instr. 3)2. Transaction Da (Month/Day/Year	te 2A. Deemed	3.	4. Securiti n(A) or Dis (D) (Instr. 3, 4 Amount	ies Ac sposed	quired of	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 02/25/2015 Stock		А	10,313 (1)	А	\$0	16,313	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)	rivative Conversion (Month/Day/Year) Execution Date, if curity or Exercise any		4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerc Expiration D (Month/Day/	Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 E S (]	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 28.03	02/25/2015		А	61,875	(2)	02/25/2025	Common Stock	61,875	
Reporting Owners										
Reporting Owner Name / Address Director			Relationships	ĥ						
		Director	10% Owne	er Officer		Other				
LEVY BRIAN C/O AERIE PHARMACEUTICALS, INC., 2030 MAIN STREET, SUITE 1500 IRVINE, CA 92614			Chief Medical Officer							
Signa	tures									
/s/ Richard J. Rubino, Attorney-in-Fact for Brian Levy			02/2	27/2015						
	<u>**</u> Signature of Reporting Person			I	Date					
Expla	nation	of Respo	nses:							
* If the f	orm is filed by	y more than one report	ting person, see Instr	uction 4(b)	(v).					

Edgar Filing: AERIE PHARMACEUTICALS INC - Form 4

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

- (1) These shares of Common Stock are scheduled to vest, subject to the reporting person's continued employment with the issuer through the applicable vesting date, in four equal annual installments on the anniversary of February 25, 2015.
- (2) This option is scheduled to vest, subject to the reporting person's continued employment with the issuer through the applicable vesting date, ratably on each of the 48 monthly anniversaries of February 25, 2015.

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.