Edgar Filing: Seres Therapeutics, Inc. - Form 4

Seres Therap	eutics, Inc.										
Form 4	c										
June 29, 2010 FORM Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru	14 UNITED s box ger STATE 6. r Filed p Section 1	EMENT Of ursuant to S 7(a) of the	Was F CHAN Section 10	hington, GES IN SECUR 6(a) of the ility Hold	D.C. 20 BENEF ITIES e Securit ling Con	549 ICIA ies E	LOW cxchang y Act of	COMMISSION NERSHIP OF e Act of 1934, E 1935 or Section	OMB Number: Expires: Estimated a burden hour response	-	
1(b).											
(Print or Type R	Responses)										
Aunins John G. Sy			Symbol	Name and				5. Relationship of Reporting Person(s) to Issuer			
<i>(</i> -)		A 2 1 1 \		nerapeutio	_	MCR	B]	(Chec	k all applicable)	
	(First) THERAPEUT IDNEY STREI		3. Date of (Month/D 06/27/20	-	ansaction			Director X Officer (give below) Chief Techn		Owner er (specify & EVP	
(Street) 4. If Amo				nendment, Date Original				6. Individual or Joint/Group Filing(Check			
CAMBRIDO	GE, MA 02139	•	Filed(Mon	th/Day/Year)			Applicable Line) _X_Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		3. Transactic Code (Instr. 8)	4. Securi	ties A spose	cquired d 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)	7. Nature of	
Common Stock	06/27/2016			S <u>(1)</u>	9,390	D	ф 27.23 (2)	32,655	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)	2. 3. Transaction Date Conversion or Exercise Price of Derivative Security				Securities Acquired (A) or	nNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repoi	ting O	wners									
Repor	ting Owner N	ame / Address	Director 10% O	wner Of	Relation	ships		C	Other		
Aunins Jo		PEUTICS INC									

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Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Aunins John G. C/O SERES THERAPEUTICS, INC. 200 SIDNEY STREET CAMBRIDGE, MA 02139			Chief Technology Officer & EVP					
Signatures								
/s/ Eric D Shaff, Attorney-in-fact	06/29/2010	6						
**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 the Form 4 was effected pursuant to a Rule 10b5 1 trading plan adopted by the Reporting Person on March 28, 2016.

The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$26.90 to
 \$27.74. The Reporting Person undertakes to provide upon request to the SEC staff, the Issuer, or any stockholder of the Issuer, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

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.