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Zosano Phari Form 4 April 02, 201	5											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								-	OMB APPROVAL			
		Washington, D.C. 20549					OMB Number:	3235-0287				
Check thi if no long	ar	X								January 31, 2005		
subject to	STATEM	ENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES							Estimated a	average		
Section 16. Sort Section 16.				bleek						rs per 0.5		
may conti	Form 5 obligations may continue.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											
(Print or Type R	Responses)											
1. Name and Address of Reporting Person *2. IssueWILSON TROY EDWARDSymbol				Name and	Ticker or T	Fradin	g	5. Relationship of Reporting Person(s) to Issuer				
			Zosano	Pharma C	orp [ZSA	AN]		(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					X Director 10% Owner				
									Officer (give title Other (specify			
				Ionth/Day/Year) Applicable Line; _X_ Form filed b Form filed b				6. Individual or Joint/Group Filing(Check				
								X Form filed by (One Reporting Person More than One Reporting			
(City)	(State) (Zip)	Tabl	a I - Non-De	orivotivo S	Socuri	tios A c		f or Bonoficial	ly Owned		
1.Title of	2. Transaction Date	2A. Dee	Table I - Non-Derivative Securities Acq med 3. 4. Securities					5. Amount of 6. Ownership 7. Nature of				
Security (Instr. 3)	(Month/Day/Year)	any	on Date, if Day/Year)				SecuritiesFBeneficially(OwnedI	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)			
						(A) or		Transaction(s) (Instr. 3 and 4)				
Common				Code V		(D)	Price \$ 0					
Stock	04/01/2015			А	3,000	Α	<u>(1)</u>	3,000	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 o Derivati Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	ele and unt of rlying rities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WILSON TROY EDWARD C/O ZOSANO PHARMA CORPORATION 34790 ARDENTECH COURT FREMONT, CA 94555	х						
Signatures							
/s/ Robert W. Sweet, Jr., attorney-in-fact	04/02/20	015					
**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) Shares granted in consideration for Dr. Wilson's service as a director of the issuer during the year ended December 31, 2014.

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.