Karyopharm Therapeutics Inc.

Form 4

November 14, 2016

#### **OMB APPROVAL** FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB Washington, D.C. 20549 Number: Check this box Expires: if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16.

January 31, 2005 Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

3235-0287

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Form 4 or

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Primiano Christopher Brett			Symbol Karyopharm Therapeutics Inc. [KPTI]					(Check all applicable)			
(Last) C/O KARY THERAPEU AVENUE	(First) OPHARM UTICS INC., 8	(Middle) 5 WELLS	3. Date of Earliest Transaction (Month/Day/Year) 11/09/2016				Director 10% Owner Officer (give title Other (specify below) SVP,CORP DEV,GEN COUNSEL&SEC.				
NEWTON,		endment, Da nth/Day/Year	U	al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secu	rities Acqu	iired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	ity (Month/Day/Year) Execution any			3. Transactic Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	d of (D) 5)	Beneficially Form: Di Owned (D) or Following Indirect (	Ownership Form: Direct	ect Beneficial Ownership	
Common Stock	11/09/2016			S <u>(1)</u>	4,342	D	\$ 8.1862	15,819	D		

2. Issuer Name and Ticker or Trading

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

#### Edgar Filing: Karyopharm Therapeutics Inc. - Form 4

#### 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 Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date	Expiration Date	or Title Number of			
						Exercisable					
				C + V	(A) (D)						
				Code V	(A) (D)			S	hares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Other Director 10% Owner Officer

Primiano Christopher Brett C/O KARYOPHARM THERAPEUTICS INC. 85 WELLS AVENUE NEWTON, MA 02459

SVP, CORP DEV, GEN COUNSEL&SEC.

# **Signatures**

/s/Christopher B. Primiano

11/14/2016

\*\*Signature of Reporting

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).
- This transaction was a broker-assisted sale of shares to satisfy the payment of withholding tax liability incurred upon the vesting of restricted stock units and does not represent a discretionary trade by the reporting person.
- The sale price of the reporting person's shares represents the weighted average price of all shares sold by a broker on November 8, 2016 (2) and November 9, 2016 on behalf of a group of employees of Karyopharm Therapeutics Inc. to satisfy the payment of withholding tax liability of such employees.

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.

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