Edgar Filing: Peters Cameron - Form 4

Form 4											
February 19, FORM									-	APPROVAL	
	UNITED	STATES		RITIES A shington			NGE	COMMISSIO	N OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o	ger STATEN 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated burden ho	Expires: January 31 200 Estimated average burden hours per response 0.	
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 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Peters Cameron			2. Issuer Name and Ticker or Trading Symbol Karyopharm Therapeutics Inc.			5. Relationship of Reporting Person(s) to Issuer					
			[KPTI]					(Check all applicable)			
(Last) C/O KARY(THERAPEU AVENUE	. , , ,	Middle) WELLS		of Earliest T Day/Year) 2019	ransaction			Director X Officer (gi below)		% Owner her (specify	
				. If Amendment, Date Original iled(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)						Person			
	. ,						ities A	cquired, Disposed		-	
	2. Transaction Date 2A. Deem (Month/Day/Year) Execution any (Month/D		Date, if TransactionAcquired (A) or Code Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount		Price	(Instr. 3 and 4)			
Reminder: Rep	ort on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned di	rectly c	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 9.21	02/15/2019		A	17,000	<u>(1)</u>	02/14/2029	Common Stock	17,000
Restricted Stock Units	<u>(2)</u>	02/15/2019		А	8,500	(3)	(3)	Common Stock	8,500

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Peters Cameron C/O KARYOPHARM THERAPEUTICS INC. 85 WELLS AVENUE NEWTON, MA 02459			VP of Finance			
Signatures						
/s/ Christopher B. Primiano as Attorney-in-Fact Peters	for Came	ron	02/19/2019			
<u>**</u> 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) This option was granted on February 15, 2019. The shares underlying this option vest as to 25% of the shares on February 15, 2020, with the remaining 75% vesting in 36 equal monthly installments thereafter.
- (2) Each restricted stock unit represents a contingent right to receive one share of Karyopharm Therapeutics Inc. common stock.

The restricted stock units vest in four equal annual installments beginning February 15, 2020, the first anniversary of the grant date.

(3) Vested shares will be delivered to the reporting person as soon as practicable following each vesting date, but in any event within 30 days of such date.

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.