Edgar Filing: ALVAREZ EDUARDO - Form 4

ALVAREZ E	EDUARDO											
Form 4												
October 25, 2	2017											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi				_						Expires:	January 31,	
if no long subject to		EMENT O	F CHAN	GES IN	ES IN BENEFICIAL OWNERSHIP (2005	
Section 1				SECU	CURITIES					Estimated average burden hours per		
Form 4 or							response	•				
Form 5 obligatior	• •							U U	e Act of 1934,			
may conti				•		•			f 1935 or Sectio	n		
<i>See</i> Instru 1(b).		30(h)	of the In	vestmen	nt C	Company	v Act	of 194	40			
(Print or Type R	Responses)											
ALVAREZ EDUARDO Symbol				er Name and Ticker or Trading				ţ	5. Relationship of Reporting Person(s) to Issuer			
AM				MYRIS, INC. [AMRS]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of		Trai	nsaction						
			(Month/D	-					Director X Officer (give		Owner er (specify	
STREET, SU	IS, INC., 5885 UITE 100	HOLLIS	10/23/20)1/					below)	below) Derating Offic	••••	
	(Street)		4. If Ame	ndment, I	Date	e Original			6. Individual or Jo	oint/Group Filir	ng(Check	
				led(Month/Day/Year)					Applicable Line)			
EMERYVIL	LE, CA 94608	3							_X_ Form filed by 0 Form filed by M Person	One Reporting Pe Iore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-	De	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Dee	med	3.					5. Amount of	6. Ownership		
Security	(Month/Day/Yea	ar) Execution any	on Date, if			n(A) or Dis	sposed	of	Securities	Form: Direct		
(Instr. 3)		Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
		(intolitik	Duj/ I cui)	(11541.0	,	(111511-5),	i una c)	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
				Code		Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	10/23/2017			А		70,000 (1)	А	\$0	70,000	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)

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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. 5. Number of Transactio-Derivative Code Securities (Instr. 8) 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)		8 1 5 ()
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 2.89	10/23/2017		А	30,000	(2)	10/23/2027	Common Stock	30,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ALVAREZ EDUARDO C/O AMYRIS, INC. 5885 HOLLIS STREET, SUITE 100 EMERYVILLE, CA 94608			Chief Operating Officer				
Signatures							
/s/ Eduardo Alvarez by Attorney-in-Fa Dobson	act, Steph	en	10/25/2017				
<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) Represents a restricted stock unit award that vests in two (2) equal annual installments, with the first 50% of the units vesting on October 1, 2018.
- (2) The stock option vests as to 25% of the shares subject to the option on October 16, 2018, with the remainder vesting over the following twelve (12) months in twelve (12) equal monthly installments upon completion of each additional month of employment.

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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