Ampio Pharmaceuticals, Inc.

Form 5

February 23, 2015

<b>FORM</b>	15							OMB AP	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION									3235-0362		
Check thi no longer		shington, D.C. 20549					Expires:	January 31,			
to Section Form 4 or 5 obligati may conti	116. Form ANN ons inue.	ENT OF CHANGES IN BENEFICIAL RSHIP OF SECURITIES					Estimated average burden hours per response 1.0				
1(b).	Filed pur oldings Section 17(	suant to Section 1 a) of the Public U 30(h) of the Ir	tility Holdir	ng Compar	ny Ac	et of 19					
	Address of Reporting UGHAN LENNO					5. Relationship of Reporting Person(s) to Issuer					
						(Check all applicable)					
(Last)	(First) (M	(Month/I	12/31/2014 below)				X_ Officer (give low)	e title 10% Owner below)  Regulatory Affairs			
	O CEUTICALS, INC SS PARKWAY, S	·					Ciliei Re	egulatory Arrai	15		
	(Street)	endment, Date Original 6. In onth/Day/Year)				Individual or Joint/Group Reporting  (check applicable line)					
ENGLEWO	OOD, CO 801	12				_	_ Form Filed by C _ Form Filed by M rson				
(City)	(State)	(Zip) Tab	le I - Non-Der	ivative Secu	ırities	Acquir	ed, Disposed of,	or Beneficiall	v Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)				s Acq	uired of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and		7. Nature of Indirect		
Common Stock	02/25/2014	Â	J <u>(1)</u>	Amount 522,200 (1)	or (D)	Price \$ 8.02	0	D	Â		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.			Persons who respond to the collection of information SEC 2270 contained in this form are not required to respond unless the form displays a currently valid OMB control number.								

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Derivative	Conversion	3. Transaction Date (Month/Day/Year)	Execution Date, if	Transaction	5. Number	6. Date Exerc Expiration Da	ate	7. Title	nt of	8. Price of Derivative	
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Year)	Under Securi (Instr.	, ,	Security (Instr. 5)	
					4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
. 0	Director	10% Owner	Officer	Other			
CLIFT VAUGHAN LENNOX							
C/O AMPIO PHARMACEUTICALS, INC	â	â	Chief Regulatory Affairs	â			
373 INVERNESS PARKWAY, SUITE 200	A	A	A Cinei Regulatory Affairs	A			
ENGLEWOOD, CO 80112							

## **Signatures**

/s/ Vaughan Clift 02/23/2015

\*\*Signature of Date
Reporting Person

## **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).

On February 25, 2014, the wife of the reporting person contributed 522,200 shares of the issuer's common stock to a newly-formed limited liability company in exchange for all of the membership interests in the limited liability company. Neither the reporting person nor his wife is a manager of the limited liability company, neither the reporting person nor his wife may unilaterally dissolve or terminate

(1) the limited liability company, neither the reporting person nor his wife has or shares voting power or investment power with respect to the shares contributed to the limited liability company, and the reporting person has no voting power or investment power with respect to the membership interests in the limited liability company. Accordingly, the reporting person disclaims beneficial ownership of the shares of common stock contributed to the limited liability company.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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