## Edgar Filing: AVEO PHARMACEUTICALS INC - Form 4

AVEO PHARM Form 4 June 01, 2015 <b>FORM 4</b> Check this be if no longer subject to Section 16. Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b).	4 UNITED ox STATEM Filed pur Section 17(	STATES IENT OI suant to S a) of the I	Wa F CHAN Section Public U	nshington NGES IN SECUI 16(a) of th Jtility Hol	, D.C. 20 BENEF RITIES ne Securi ding Cor	9 <b>549</b> ICIAL OV ties Exchan	COMMISSION WNERSHIP OF nge Act of 1934, of 1935 or Secti 940	N OMB Number: Expires: Estimated burden hou response	irs per	
(Print or Type Resp	oonses)									
1. Name and Addr HA NGOC TU	2. Issuer Name <b>and</b> Ticker or Trading Symbol AVEO PHARMACEUTICALS INC [AVEO]				<ul><li>5. Relationship of Reporting Person(s) to Issuer</li><li>C (Check all applicable)</li></ul>					
(Month/				Date of Earliest Transaction Month/Day/Year) 5/28/2015			X_ Director 10% Owner Officer (give title Other (specify below) below)			
			. If Amendment, Date Original iled(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
CAMBRIDGE	, MA 02142						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	Transaction Date Onth/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report	on a separate line	for each cl	ass of sec	urities bene	ficially ow	ned directly o	or indirectly.			
					inforn requii	nation cont red to respo iys a currei	pond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible s	Beneficially Owner securities)	d		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount o	f 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day,	/Year)	(Instr. 3 and	4) .
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 2	05/28/2015		A	20,000	<u>(1)</u>	05/28/2025	Common Stock	20,000
Repo	rting Ov	wners							

Reporting Owner Name / Address		Relationships					
	I		10% Owner	Officer	Other		
HA NGOC TUAN C/O AVEO PHARMACEUTICA 650 E. KENDALL STREET CAMBRIDGE, MA 02142	LS, INC.	Х					
Signatures							
/s/ Ryan Bis, attorney-in-fact	05/29/201	.5					
**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 vests in twelve equal monthly installments, with the first tranche exercisable on July 1, 2015.

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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