Ampio Pharmaceuticals, Inc.

Form 4

August 03, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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 1940

See Instruction

Form 5

obligations

may continue.

1(b).

C/O AMPIO

(Print or Type Responses)

1. Name and Address of Reporting Person * **CLIFT VAUGHAN LENNOX**

2. Issuer Name and Ticker or Trading Symbol

Ampio Pharmaceuticals, Inc.

[AMPE]

(Last) (First) (Middle)

07/31/2015

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

Chief Regulatory Affairs

3. Date of Earliest Transaction

(Month/Day/Year)

Director X_ Officer (give title

Other (specify

10% Owner

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

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response...

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burden hours per

PHARMACEUTICALS, INC., 373 INVERNESS PARKWAY, SUITE

200

(Street)

4. If Amendment, Date Original

Filed(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

ENGLEWOOD, CO 80112

(City) (State) 2. Transaction Date 2A. Deemed

(Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(Month/Day/Year) Execution Date, if any

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

(A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

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.

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. Transaction 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)	\$ 2.68	07/31/2015		A	170,000		<u>(1)</u>	07/31/2025	Common Stock	170,000

Reporting Owners

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

Signatures

/s/ By Gregory A. Gould, as attorney-in-fact for Vaughan
Clift 08/03/2015

**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).

This is a performance based grant. The grant is issued in connection with an amendment to a certain employment agreement between the (1) Reporting Person and the Issuer. The stock option vests and becomes exercisable upon the successful meeting of all endpoints in the Ampion clinical trial as determined by the Issuer's Compensation Committee of the Board of Directors.

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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