Allouche Cyril Form 3 June 22, 2018

## FORM 3

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement Revance Therapeutics, Inc. [RVNC] Allouche Cyril (Month/Day/Year) 06/20/2018 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O REVANCE (Check all applicable) THERAPEUTICS, INC, 7555 **GATEWAY BLVD** 10% Owner Director \_X\_\_ Officer (Street) Other 6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) Principal Financial Officer \_X\_ Form filed by One Reporting Person NEWARK. CAÂ 94560 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Â Common Stock  $2,250^{(1)}$ D Â Common Stock  $2.250^{(2)}$ D Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security
(Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

2. Date Exercisable and Securities Underlying Derivative Security

3. Title and Amount of Expiration Date Conversion or Exercise

Conversion Ownership Form of (Instr. 5)

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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (Right to Buy)	(3)	10/30/2026	Common Stock	9,688	\$ 13.35	D	Â
Employee Stock Option (Right to Buy)	(4)	02/04/2028	Common Stock	5,500	\$ 30	D	Â

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
<b></b>	Director	10% Owner	Officer	Other	
Allouche Cyril C/O REVANCE THERAPEUTICS, INC 7555 GATEWAY BLVD NEWARK, CA 94560	Â	Â	Principal Financial Officer	Â	

#### **Signatures**

/s/ Gordon Ho, Attorney-in-Fact 06/22/2018

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) The shares subject to the Restricted Stock award shall vest in four (4) equal annual installments beginning from November 15, 2016, subject to Mr. Allouche's Continuous Service (as defined in the Issuer's 2014 Equity Incentive Plan (the "Plan")) on each vesting date.
- (2) The shares subject to the Restricted Stock award shall vest in three (3) equal annual installments beginning from March 15, 2018, subject to Mr. Allouche's Continuous Service (as defined in the Plan) on each vesting date.
- The shares subject to the Option shall vest over a period of four years commencing on October 31, 2016, with 25% vesting on the first anniversary of the vesting commencement date and 1/48th vesting every month thereafter over the remaining three years, subject to Reporting Person's Continuous Service (as defined in the Plan) as of such date.
- The shares subject to the Option shall vest as follows: 1/48th of the total number of shares subject to the Option shall vest in 48 equal (4) monthly installments over 4 years following February 5, 2018, subject to Reporting Person's Continuous Service (as defined in the Plan) as 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.

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