Edgar Filing: SUVARI TRICIA BORGA - Form 4

SUVARI TR Form 4	ICIA BORGA	L									
August 03, 20	018										
FORM	1								OMB AF	PROVAL	
	UNITE	D STATES		ATTIES A			NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long							Expires:	January 31, 2005			
subject to STATEMENT OF Section 16. Form 4 or				GES IN 1 SECUR		[CIA	L OWN	NERSHIP OF	Estimated average burden hours per response		
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 1	7(a) of the	Public Ut		ling Con	ipany	y Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type R	Responses)										
SUVARI TRICIA BORGA Sym				Issuer Name and Ticker or Trading nbol obal Blood Therapeutics, Inc.				5. Relationship of Reporting Person(s) to Issuer			
			[GBT]	51000 1116	rapeutic	s, m	<i>ن</i> .	(Checl	k all applicable)	
				f Earliest Transaction Day/Year)				Director 10% Owner X Officer (give title Other (specify			
	AL BLOOD JTICS, INC., 1 DINT BLVD.,		08/01/20	018				below) Chief	below) ELegal Officer		
				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SOUTH SAT	N O, CA 94080							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securit n(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	00/01/2010			Code V	Amount	(D)	Price	(Instr. 3 and 4)	D		
Stock	08/01/2018			М	3,250	A	<u>(1)</u>	9,400	D		
Common Stock	08/01/2018			F	1,124 (2)	D	\$ 43.15	8,276	D		

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

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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)

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. Transactio Code (Instr. 8)	Transaction of Derivative Code Securities		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	
Restricted Stock Units	(1)	08/01/2018		М	3,250	(3)	(3)	Common Stock	3,250	\$

Reporting Owners

Reporting Owner Name / Address	Relationships				
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other	
SUVARI TRICIA BORGA C/O GLOBAL BLOOD THERAPEUTICS, INC. 171 OYSTER POINT BLVD., SUITE 300 SOUTH SAN FRANCISCO, CA 94080			Chief Legal Officer		
Signatures					

/s/ Lesley Ann Calhoun, as Attorney-in-Fact

08/03/2018

Date

**Signature of 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).
- (1) Each Restricted Stock Unit ("RSU") represents the right to receive one share of the Issuer's Common Stock.
- (2) Represents number of shares of Issuer's Common Stock withheld to satisfy the Reporting Person's tax obligations in connection with the vesting of 3,250 shares of Common Stock underlying the Reporting Person's RSUs.
- The RSUs vest in eight equal semi-annual installments after February 1, 2018 until fully vested on February 1, 2022, subject to the (3) Reporting Person's continuous service with the Issuer. The RSUs are subject to accelerated vesting upon termination without cause or
- resignation for good reason upon a change of control of the Issuer.

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.