Arno Therapeutics, Inc Form 4 November 06, 2013

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

OMB Number:

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

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

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

Common

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person \* HAMILTON WILLIAM F PHD

(Middle)

C/O ARNO THERAPEUTICS, INC., 200 ROUTE 3J, SUITE 104

(Street)

(First)

2. Issuer Name and Ticker or Trading Symbol

Arno Therapeutics, Inc [ARNI]

3. Date of Earliest Transaction (Month/Day/Year) 11/04/2013

4. If Amendment, Date Original

Filed(Month/Day/Year)

4. Securities

5. Relationship of Reporting Person(s) to Issuer

**OMB APPROVAL** 

Expires:

response...

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

(Check all applicable)

X\_ Director 10% Owner Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

D

FLEMINGTON, NJ 08822

(City) (State) (Zip)

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

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

(Instr. 8)

3.

TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) Securities Beneficially Owned Following Reported Transaction(s)

5. Amount of

Form: Direct Indirect (D) or Indirect (I) (Instr. 4)

6. Ownership 7. Nature of

Beneficial Ownership (Instr. 4)

(A) or (Instr. 3 and 4)

Code V Amount (D) Price

22,079

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

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

## Edgar Filing: Arno Therapeutics, Inc - Form 4

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. Transacti Code (Instr. 8)	5. Number on Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4 and 5)	(A) ed of	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)	\$ 8						<u>(1)</u>	09/29/2019	Common Stock	3,750
Stock Option (right to buy)	\$ 8						<u>(2)</u>	11/05/2020	Common Stock	1,250
Stock Option (right to buy)	\$ 2.4	11/04/2013		A	68,448		(3)	11/04/2023	Common Stock	68,448
2013 Series D Warrants (right to buy)	\$ 4						10/29/2013	10/29/2018	Common Stock	20,833
2013 Series E Warrants (right to buy)	\$ 2.4						10/29/2013	10/31/2014	Common Stock	20,833

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
HAMILTON WILLIAM F PHD C/O ARNO THERAPEUTICS, INC. 200 ROUTE 3J, SUITE 104 FLEMINGTON NL 08822	X					

# **Signatures**

/s/ Christopher J. Melsha as Attorney-in-Fact for William Hamilton, Ph.D. pursuant to Power of Attorney previously filed.

Reporting Owners 2

\*\*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) Currently exercisable.
- (2) Vests in three equal annual installments commencing 11/5/11.
- (3) Vests in equal 36-monthly installments commencing 12/4/13.

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.

Signatures 3

Date