## Edgar Filing: Voi Maurizio - Form 4

Voi Maurizio											
Form 4											
November 09, 20	11										
FORM 4									PPROVAL		
	UNITED	STATES		RITIES A			COMMISSIO	N OMB Number:	3235-0287		
Check this box		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							January 31,		
if no longer subject to Section 16. Form 4 or	STATEN								2005 average Jrs per . 0.5		
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(	a) of the H	uant to Section 16(a) of the Securities Exchange Act of 1934, ) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> Voi Maurizio			2. Issuer Name <b>and</b> Ticker or Trading Symbol CURIS INC [CRIS]			5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (1	Middle)		_	-		(Che	eck all applicabl	e)		
(Last) (First) (Middle) 4 MAGUIRE ROAD			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>11/08/2011</li></ul>			Director 10% Owner X Officer (give title Other (specify below) Chief Medical Officer					
(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					
LEXINGTON, N	AA 02421						Form filed by Person	More than One R	eporting		
(City) (	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date th/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	Securities	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(				
Reminder: Report on	a separate line	e for each cla	ass of sec	urities bene	-	-	-				
					inforn requii	nation cont ed to respo lys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amou
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securi
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amo Nun Shai
Non-qualified stock option (right to buy)	\$ 3.76	11/08/2011		А	243,620	<u>(1)</u>	11/08/2021	Common stock	243
Qualified stock option (right to buy)	\$ 3.76	11/08/2011		А	106,380	<u>(1)</u>	11/08/2021	Common stock	100

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Voi Maurizio 4 MAGUIRE ROAD LEXINGTON, MA 02421			Chief Medical Officer				
Signatures							
/s/ Michael P. Gray, attorney-in-fact		11/09/2011					
**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).

Options granted under the 2010 Stock Incentive Plan Options in the aggregate will vest 25% on the one-year anniversary grant date, or
(1) November 8, 2012. Remaining options will vest at 6.25% each successive three-month period. Options will be fully vested four years from the grant 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.