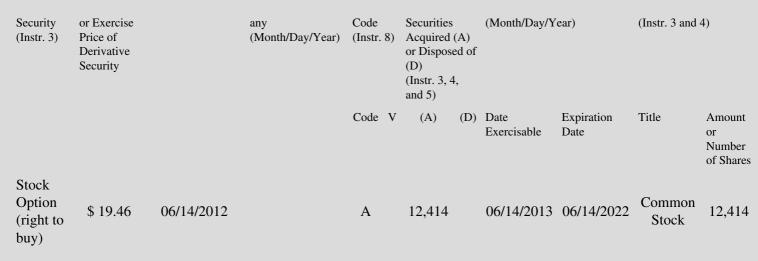
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Clovis Onc Form 4	ology, Inc.								
June 15, 20	ЛЛ		CS SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					APPROVAL 3235-0287	
if no lo subject Section Form 4 Form 5 obligati may co	nger to 16. or Filed pur ions Section 17(rsuant to Section	SECU 16(a) of th Utility Hol	RITIES he Securiti lding Com	es Exchai pany Act	WNERSHIP OF nge Act of 1934, of 1935 or Sectio 940	Expires: Estimated burden ho response	urs per	
(Print or Type	e Responses)								
1. Name and REED JOI	Symbo	uer Name an l s Oncology		-	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (A	irst) (Middle) 3. Date of Earliest T				(Check all applicable)			
	VIS ONCOLOGY 5 28TH STREET,	, 06/14	/Day/Year) /2012			XDirector Officer (give below)		% Owner her (specify	
		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person				
BOULDE	R, CO 80301					Form filed by Person	More than One R	Reporting	
(City)	(State)	(Zip) Ta	ble I - Non-	Derivative S	Securities A	cquired, Disposed o	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Ro	eport on a separate line	e for each class of se	curities bene	Persor inform require	as who res ation cont d to respo vs a curre	or indirectly. spond to the collect ained in this form ond unless the for ntly valid OMB col	are not m	SEC 1474 (9-02)	
	Tab	le II - Derivative So (<i>e.g.</i> , puts, ca				Beneficially Owned securities)			
		saction Date 3A. D /Day/Year) Execu		4. Transactio	5. Number Derivative			7. Title and Amount of Underlying Securities	

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Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
REED JOHN C C/O CLOVIS ONCOLOGY, INC. 2525 28TH STREET, SUITE 100 BOULDER, CO 80301	Х			
Signatures				
/s/ John C. Reed 06/15/2	2012			
<u>**</u> Signature of Date 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).

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.