## Edgar Filing: Adamas Pharmaceuticals Inc - Form 4

Adamas Pha	armaceuticals Inc	2								
Form 4										
May 18, 201	15									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								т	3 APPROVAL	
	UNITED	SIAIES		shington			E COMMISSION	OMB Number:	3235-0287	
	Check this box								January 31	
if no lon subject t		MENT O	F CHAN	CHANGES IN BENEFICIAL OWNERSHIP OF					2005	
Section			SECURITIES				Estimated burden hou	0		
	Form 4 or						response 0.			
Form 5 obligatio							ange Act of 1934,			
may con							t of 1935 or Sectio	on		
See Instr	ruction	30(h)	of the In	nvestment	Compar	iy Act of	1940			
1(b).										
(Print or Type	Responses)									
1. Name and A	2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to						
MAHONE		Symbol			Issuer	155001				
			Adamas Pharmaceuticals Inc [ADMS]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	of Earliest T	ransaction		X Director		% Owner	
			(Month/Day/Year)			Officer (give title Other (specify below) below)				
C/O ADAN		1000	05/14/2	2015				,		
	CEUTICALS, IN ST., SUITE 750	IC., 1900								
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)				
EMERYVI	LLE, CA 94608						Person		sporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities .	Acquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date			3.	4. Securit			6. Ownership	7. Nature of	
Security	(Month/Day/Year)		Date, if	Transaction Code	-			Form: Direct (D) or Indirect	Indirect	
(Instr. 3)		any (Month/Da	ay/Year)	(Instr. 8)	Disposed (Instr. 3, 4		•	(I) of multeet	Ownership	
		`	<i>.</i>	. ,	× ,	,	Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported Transaction(a)			
						or	Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D) Price				
Reminder: Rep	port on a separate lir	e for each cl	ass of sec	urities benef	ficially own	ned 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.

 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	ercise any of (Month/Day/Y vative		4. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 C S (1
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 17.97	05/14/2015		A	19,000	<u>(1)</u>	05/13/2025	Common Stock	19,000	

## Edgar Filing: Adamas Pharmaceuticals Inc - Form 4

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
reporting o when runne / runness		Director	10% Owner	Officer	Other		
MAHONEY DAVID L C/O ADAMAS PHARMACEUTICAL 1900 POWELL ST., SUITE 750 EMERYVILLE, CA 94608	S, INC.	Х					
Signatures							
/s/Grace Shin, as Attorney-in-Fact	05/18/20	)15					

## \*\*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).
- (1) The Option shares shall vest as follows: 100% of the option shares shall vest on the date 1 year from May 14, 2015, subject to Reporting Person's Continuous Service (as defined in the Issuer's 2014 Equity Incentive Plan) as of each 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.