Edgar Filing: ARRAY BIOPHARMA INC - Form 4

| ARRAY BIO Form 4 March 12, 20 | OPHARMA INC | | | | | | | | | | | | |
|---|--------------------------------------|----------------------------|---|--------------|--------------------------|---------------------------------|---|-----------------|--|---|---|--|--|
| Check th if no long subject to | Was | hingto | on, | D.C. 205 | COMMISSION NERSHIP OF | OMB Number: Expires: | PPROVAL 3235-0287 January 31, 2005 | | | | | | |
| Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b). | Section 10 Public Ut of the In | ility H | Estimated average burden hours per response 0. n | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | | | | |
| | | | Symbol ARRAY | ' BIOI | | Ticker or T | | ıg | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | [ARRY] | | | <i>.</i> . | | | X Director 10% Owner | | | | |
| (Mor | | | 3. Date of (Month/D 03/12/20 | ay/Yea | | insaction | | | Officer (give titleOther (specify below) below) | | | | |
| BOULDER | (Street) | | 4. If Ame Filed(Mon | | | e Original | | | 6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by N | | erson | | |
| (City) | (State) | (Zip) | Tabl | a T. Nia | D | . | ۰ | 4 A | Person | f an Danaffaia | ller Orana d | | |
| 1.Title of Security (Instr. 3) | | ransaction Date 2A. Deemed | | | actio | 4. Securit n(A) or Di (D) | ties Ao spose | cquired d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership 7. Nature o Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4) | | | |
| Common | | | | | | Amount | (D) | Price | (Instr. 3 and 4) | _ | | | |
| Stock | 12/24/2007 | | | G <u>(1)</u> | V | 5,000 | D | \$0 | 35,585 | D | | | |
| Common Stock | 12/24/2007 | | | G <u>(1)</u> | v | 5,000 | A | \$ 0 | 7,000 | I | By self as UTMA custodian for sons | | |
| Common Stock | 03/10/2008 | | | Р | | 3,000 | A | \$ 5.39 | 3,000 | I | In profit sharing account | | |
| Common Stock | 03/10/2008 | | | Р | | 2,000 | D | \$ 5.38 | 9,000 | I | By self as UTMA | | |

| | | Ĵ | J. | | | | | | custo for s | odian ons | |
|--|---|---|---|--|--|---------------------|--------------------|---|--|---|---|
| Reminder: Report on a separate line for each class of securities benefici | | | | | cially 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 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. Transactic Code (Instr. 8) | of | | ate | 7. Tit Amou Unde Secur (Instr | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| LEFKOFF KYLE 1900 9TH STREET BOULDER, CO 80302 | Х | | | | | | | |
| Signatures | | | | | | | | |
| John R. Moore, under Power of Attorney | f | 03/12/2 | 2008 | | | | | |
| **Signature of Reporting Person | | Da | te | | | | | |
| Explanation of Pa | onon | 0001 | | | | | | |

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) Transfer to self as custodian for sons under Uniform Transfers to Minors Act.

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.