PENDERGAST DAVID D PHD

Form 4

February 06, 2008

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16.

Form 4 or Form 5

obligations may continue. See Instruction

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Altus Pharmaceuticals Inc. [ALTU]

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * PENDERGAST DAVID D PHD

(First) (Middle) (Last)

C/O ALTUS PHARMACEUTICALS INC., 640

MEMORIAL DRIVE

(Street)

(State)

CAMBRIDGE, MA 02139

(City)

1. Title of

Security

(Instr. 3)

(Zip)

2. Transaction Date 2A. Deemed

Symbol

02/04/2008

(Month/Day/Year)

Filed(Month/Day/Year)

3. Date of Earliest Transaction

4. If Amendment, Date Original

3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or

> (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)

Code Disposed of (D)

(A) or

Code V Amount (D) Price

OMB APPROVAL

OMB Number:

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5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

_X__ Director 10% Owner

X_ Officer (give title Other (specify below)

Executive Chairman

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

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

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Indirect Beneficial Ownership Owned (I) (Instr. 4) (Instr. 4) Following

Reported Transaction(s)

(Instr. 3 and 4)

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

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SEC 1474 (9-02)

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

3. Transaction Date 3A. Deemed 1. Title of Derivative (Month/Day/Year) Execution Date, if TransactionDerivative Conversion

5. Number of

6. Date Exercisable and **Expiration Date**

7. Title and Amount of **Underlying Securities**

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8			(A) ed of	(Month/Day/Year)		(Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock Option (Right to buy)	\$ 5.6	02/04/2008		A		75,000		<u>(1)</u>	02/04/2018	Common Stock	75,000

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

PENDERGAST DAVID D PHD C/O ALTUS PHARMACEUTICALS INC. 640 MEMORIAL DRIVE CAMBRIDGE, MA 02139

X Executive Chairman

Signatures

/s/ Kevin M. 02/06/2008 Brennan

**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).

Option becomes exercisable as it vests. The option shall vest as to 12,500 of the shares on the last day of each calendar month following the option grant date, such that the first 12,500 shares will vest on February 29, 2008, and an additional 12,500 shares will vest on the last day of each calendar month thereafter until such time as all shares have vested. In the event prior to May 3, 2008, (1) the employment

(1) agreement entered into by Dr. Pendergast and the issuer is terminated other than (i) for cause, (ii) upon Dr. Pendergast's voluntary resignation, or (iii) by reason of Dr. Pendergast's death or disability, or (2) there is a change in control of the Company, the option shall vest and become immediately exercisable as to an additional number of shares such that 37,500 of the 75,000 shares shall be deemed fully vested and immediately exercisable.

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.

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