Achaogen Inc Form 3 July 06, 2016

FORM	ע UNI	TED STA	<b>FES SECURIT</b>	<b>ES SECURITIES AND EXCHANGE COMMISSIO</b>			SSION	OMB APPROVAL				
	5		Washir	Washington, D.C. 20549					OMB Number:	3235-0	0104	
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF									Expires:	Januar		
		on 17(a) of	SI to Section 16(a the Public Utilit D(h) of the Inves	y Holdiı	Securities E 1g Company	Act of	1935 or		Estimated burden hou response	average urs per	2005 0.5	
Print or Type Res	ponses)											
1. Name and Add Person <u>*</u> Schilke Toł	-	porting	2. Date of Event F Statement (Month/Day/Year		3. Issuer Name and Ticker or Trading Symbol Achaogen Inc [AKAO]							
(Last)	Last) (First) (Middle) 07/0.			7/05/2016 4. Relation Person(s)						f Amendment, Date Original ed(Month/Day/Year)		
C/O ACHAOO SHORELINE					(Check	all applica	ible)	X	2	,		
SOUTH SAN	(Street)	04080			Director X Officer (give title below Chief F	(		Filing( _X_Fo Person For	vidual or Joi Check Applic rm filed by Ou rm filed by Mo	able Line) ne Reporting		
FRANCISCO,								-	ng Person	_		
(City)	(State)	(Zip)	Та	ble I - N	on-Derivat	tive Secu	rities H	Beneficia	ally Owne	d		
1.Title of Security (Instr. 4)			Ber	2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownersh Form: Direct (D or Indirec (I) (Instr. 5)	ip Ow (Ins ))	Vature of In nership str. 5)	ndirect Bene	ficial		
Reminder: Report owned directly or	-	ate line for ea	ch class of securitie	s benefici	ally S	EC 1473 (	7-02)					
	inforn requir	nation conta red to respo	oond to the colle ained in this form nd unless the for MB control numb	i are not rm displa	ays a							
Tab	ole II - Der	vivative Secur	rities Beneficially (	Owned (e.	g., puts, calls,	warrants	, options	, convertil	ble securitie	es)		
1. Title of Derivat (Instr. 4)	tive Securi	Expi	te Exercisable and ration Date Day/Year)	Securiti	and Amount of es Underlying ve Security )	Conv	ersion ercise	5. Ownershij Form of Derivative	p Benefic (Instr. 5	e of Indirectial Owners		

Date

Exercisable Date

Expiration Title

Security:

Direct (D)

or Indirect

(I)

Derivative

Security

Amount or

Number of

Shares

(Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
1	Director	10% Owner	Officer	Other			
Schilke Tobin C/O ACHAOGEN, INC. 7000 SHORELINE COURT, #371 SOUTH SAN FRANCISCO, CA 94080	Â	Â	Chief Financial Officer	Â			
Signatures							
/s/ Pattie Chiang, Attorney-in-Fact for Tobin Schilke		07/06/2	016				
**Signature of Reporting Person		Date					
<b>Explanation of Response</b>	es:						

## No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.