### Edgar Filing: Sheehy Douglas T. - Form 4

Sheehy Doug Form 4	glas T.										
December 28	3, 2017										
	Л								OMB AF	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check thi	ter								Expires:	January 31 2005	
subject to Section 1 Form 4 o	Form 4 or				BENEF ITIES	ICIA	L OWI	NERSHIP OF	Estimated average burden hours per response		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns inue. Section 17	(a) of the	Public U		ling Con	npan	y Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Sheehy Douglas T.			2. Issuer Name <b>and</b> Ticker or Trading Symbol Aimmune Therapeutics, Inc. [AIMT]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Chec.	k all applicable	e)		
				Month/Day/Year) 2/26/2017				Director 10% Owner X Officer (give title Other (specify below) below) See Remarks			
			mendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
BRISBANE	E, CA 94005-188	34						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	) Execution any	emed 3. 4. Securities Action Date, if Transaction(A) or Disposed Code (Instr. 3, 4 and 5 /Day/Year) (Instr. 8) (A)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Stock, \$0.0001 par value	12/26/2017			М	1,875	A	\$ 19.63	1,875	D		
Common Stock, \$0.0001 par value	12/26/2017			S <u>(1)</u>	1,875	D	\$ 39.44	0	D		

Reminder: Report on a separate line for each class of securities beneficially owned 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number on f Derivative Securities 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. H Der Sec (In:
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 19.63	12/26/2017		М	1,875	(2)	02/24/2027	Common Stock	1,875	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
reporting of the runner runness	Director	10% Owner	Officer	Other		
Sheehy Douglas T. AIMMUNE THERAPEUTICS, INC. 8000 MARINA BOULEVARD, SUITE 300 BRISBANE, CA 94005-1884			See Remarks			
Signatures						
/s/ Douglas T.						

Sheehy	12/28/2017			
<u>**</u> 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) This sale reported in the Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by Reporting Person.

The shares subject to the option will vest and become exercisable as to one-forty-eighth (1/48th) of the total number of shares subject to
 (2) the option in successive, equal monthly installments measured from February 24, 2017, subject to the Reporting Person's continued service relationship with the Issuer on each such vesting date

#### **Remarks:**

#### General Counsel and Corporate Secretary

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.