Edgar Filing: Webster Stephen W - Form 4

Webster Ste Form 4	-									
January 17,										
FORM	Λ4 _{UNITED}	STATES	SECU	RITIES A	AND EX	CHANGE	E COMMISSIO		PPROVAL	
Charlet				ashington				Number:	3235-0287	
Check this box if no longer whigh the STATEMENT OF CHANGES IN BENEFICIAL OWNER							Expires:	January 31, 2005		
subject Section	10		CHAI	NGES IN SECUI		ICIAL U	WNEKSHIP OF	Estimated burden hou	average	
Form 4				SECONTIES					urs per 0.5	
Form 5 obligati							nge Act of 1934,			
may con	ntinue. Section 170					npany Act	of 1935 or Secti 940	on		
<i>See</i> Inst 1(b).	ruction	50(1)			. compu	19 1101 01 1				
(Print or Type	Responses)									
1 1 1		D *					5			
Webster St	Address of Reporting	Person_	2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			Spark Therapeutics, Inc. [ONCE]				(Check all applicable)			
(Last)	(First) (Middle)	3. Date of Earliest Transaction				(Chi			
			(Month/Day/Year)			Director 10% Owner X Officer (give title Other (specify				
	K THERAPEUT		01/15/2019				below) below) Chief Financial Officer			
SUITE 130							Chie	ef Financial Office	cer	
	(Street)		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by	v One Penerting P	arcon	
PHILADE	LPHIA, PA 19104	4						More than One R		
(City)	(State)	(Zip)	Tał	ala I - Non-l	Dorivotivo	Securities A	Acquired, Disposed	of or Bonoficia	lly Owned	
1.Title of	2. Transaction Date	2A Deeme		3.	4. Securit		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)			Transactio	nAcquired	(A) or	Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/Da	v/Year)	Code (Instr. 8)	Disposed (Instr. 3, 4		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(monus Du	. <i>y</i> / 1 cui)	(msu: o)	(111541-5),	rund 5)	Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported Transaction(s)			
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					Perso	ons who res	spond to the colle		SEC 1474	
							tained in this forn ond unless the fo		(9-02)	
						iys a curre	ntly valid OMB co			
	Tab						Beneficially Owned	d		
		(e.g.,	puts, call	is, warrants	s, options,	convertible	securities)			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	iorDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	, j	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (E) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (right to buy)	\$ 42.73	01/15/2019		A	35,000	<u>(1)</u>	01/15/2029	Common Stock	35,000	
Restricted Stock Units	<u>(2)</u>	01/15/2019		A	10,000	<u>(3)</u>	(3)	Common Stock	10,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Webster Stephen W C/O SPARK THERAPEUTICS, INC. 3737 MARKET STREET, SUITE 1300 PHILADELPHIA, PA 19104			Chief Financial Officer				
Signatures							
/s/ Joseph W. La Barge, attorney-in-fact for Webster	Stephen	01	/17/2019				

**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) 25% vests January 15, 2020 and the remainder vests in equal annual installments over the following three years.
- (2) Each restricted stock unit represents a contingent right to receive one share of Spark Therapeutics, Inc. common stock.
- (3) The restricted stock units vest in four equal annual installments beginning January 15, 2020. Vested shares will be delivered to the reporting person annually on the vesting 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.