Edgar Filing: VITAL THERAPIES INC - Form 4

VITAL THEI Form 4	RAPIES INC										
October 09, 2	.014										
FORM	4									PPROVAL	
Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or	er STATEN 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31, 2005 average rs per 0.5	
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Halperin Errol R.			2. Issuer Name and Ticker or Trading Symbol VITAL THERAPIES INC [VTL]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction				1	(Check all applicable)			
C/O VITAL THERAPIES, INC., 15010 AVENUE OF SCIENCE, SUITE 200			(Month/Day/Year) 10/08/2014					X_ Director10% Owner Officer (give title Other (specify below) below)			
	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person					
SAN DIEGO), CA 92128							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ities Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		. Transaction Date 2A. Dee Month/Day/Year) Executio any (Month/		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A)		d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	10/08/2014			Р	3,809	А	\$ 17.5	89,417 <u>(1)</u>	D		
Common Stock	10/08/2014			Р	1,667	А	\$ 17.5	10,000	I	See footnote (2)	

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.

Edgar Filing: VITAL THERAPIES INC - Form 4

 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)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Halperin Errol R. C/O VITAL THERAPIES, INC. 15010 AVENUE OF SCIENCE, SUITE 200 SAN DIEGO, CA 92128	Х						
Signatures							
/s/ Michael V. Swanson, by power of attorney	10/0	8/2014					
**Signature of Reporting Person		Date					
Evaluation of Decanonace	`						

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) Includes 45,608 shares that were incorrectly reported as held indirectly in the Form 4 filed April 23, 2014. These shares should have been reported as held directly by the Reporting Person.
- (2) Shares held by Errol Halperin IRA FBO Errol Halperin.

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.