

TRUPANION INC.
Form 3
November 04, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
À Tooth Margaret		(Month/Day/Year)	TRUPANION INC. [TRUP]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		10/26/2015		
C/O TRUPANION, INC.,À 907			(Check all applicable)	
NW BALLARD WAY			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Street)			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			Chief Marketing Officer	
SEATTLE,À WAÀ 98107			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	700	D	À

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title			

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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	Â (1)	11/07/2023	Common Stock	20,000 \$ 4.8		D	Â
Stock Option (right to buy)	Â (2)	11/07/2024	Common Stock	10,000 \$ 6.54		D	Â
Stock Option (right to buy)	Â (3)	07/24/2025	Common Stock	19,200 \$ 7.78		D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Tooth Margaret C/O TRUPANION, INC. 907 NW BALLARD WAY SEATTLE, WA 98107	Â	Â	Â Chief Marketing Officer	Â

Signatures

Charlotte Sim-Warner as attorney-in-fact for Margaret Tooth 11/04/2015

__Signature of Reporting Person

Date

Explanation of Responses:

* 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).

The option vests as to 25% of the total shares on October 7, 2014, and then 2.0833% of the total shares vest monthly thereafter, with (1) 100% of the total shares vested and exercisable on October 7, 2017, subject to the reporting person's provision of service to the issuer on each vesting date.

The option vests as to 25% of the total shares on September 1, 2015, and then 2.0833% of the total shares vest monthly thereafter, with (2) 100% of the total shares vested and exercisable on September 1, 2018, subject to the reporting person's provision of service to the issuer on each vesting date.

The option vests as to 25% of the total shares on July 24, 2016, and then 2.0833% of the total shares vest monthly thereafter, with 100% (3) of the total shares vested and exercisable on July 24, 2019, subject to the reporting person's provision of service to the issuer on each 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.