Edgar Filing: Feinsod Matthew - Form 4

| Feinsod Mat | thew | | | | | | | | | | |
|--|---|---|--|---|------------------------|----------------|--|---|-----------------|--|--|
| Form 4 | 2 2019 | | | | | | | | | | |
| September 1 | _ | | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMMISSION | OMB Number: | 3235-0287 | |
| Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b). | er STATH 6. r Filed p ^{ns} Section 1 | STATEMENT OF CHANGES IN 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 | | | | | | | | January 31, 2005 Estimated average burden hours per response 0.5 | |
| (Print or Type I | Responses) | | | | | | | | | | |
| Feinsod Matthew Symt | | | | Name and D GENE | TIC | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| TECHNOL | (First) ED GENETIC OGIES CORP. TERRACE, S | | 3. Date of (Month/D 09/11/20 | - | ansaction | | | Director X Officer (give below) Interim Ch | | Owner er (specify fficer | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (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 Date (Month/Day/Year) 2A. Deemed Execution Date, any (Month/Day/Ye | | n Date, if | 3. Transactio Code (Instr. 8) | (Instr. 3, 4 and 5) (A) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 09/11/2018 | | | Code V A | Amount 2,000 (1) | or (D) A | Price \$ 0 | (Instr. 3 and 4) 43,384 | D | | |
| Common Stock | 09/11/2018 | | | F | 685 | D | \$ 3.925 | 42,699 | 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.

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 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) | 4. Transactio Code (Instr. 8) | of | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Under Secur | int of rlying | 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 | | | |
| Feinsod Matthew C/O APPLIED GENETIC TECHNOLOGIES CORP. 14193 NW 119TH TERRACE, SUITE #10 ALACHUA, FL 32615 | | | | Interim Chief Medical Officer | | | | |
| Signatures | | | | | | | | |
| /s/ Stacie Aarestad, Attorney-in-fact | 9/13/2018 | | | | | | | |
| **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) The common stock vested immediately upon grant.

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.