

Otonomy, Inc.  
Form 3  
August 12, 2014

# 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 \*

Â Savel Robert Michael II  
(Last) (First) (Middle)

C/O OTONOMY, INC.,Â 6275  
NANCY RIDGE DRIVE

(Street)

SAN DIEGO,Â CAÂ 92121

(City) (State) (Zip)

2. Date of Event Requiring  
Statement

(Month/Day/Year)  
08/12/2014

3. Issuer Name **and** Ticker or Trading Symbol  
Otonomy, Inc. [OTIC]

4. Relationship of Reporting  
Person(s) to Issuer

(Check all applicable)

\_\_\_\_ Director \_\_\_\_ 10% Owner  
\_X\_ Officer \_\_\_\_ Other  
(give title below) (specify below)  
Chief Technical Officer

5. If Amendment, Date Original  
Filed(Month/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

### 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)

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  
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### 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)

Date Expiration  
Exercisable Date

3. Title and Amount of  
Securities Underlying  
Derivative Security  
(Instr. 4)

Title Amount or  
Number of  
Shares

4. Conversion  
or Exercise  
Price of  
Derivative  
Security

5. Ownership  
Form of  
Derivative  
Security:  
Direct (D)  
or Indirect  
(I)

6. Nature of Indirect  
Beneficial Ownership  
(Instr. 5)

(Instr. 5)

|                                         |       |            |                 |        |         |   |   |
|-----------------------------------------|-------|------------|-----------------|--------|---------|---|---|
| Employee Stock Option<br>(right to buy) | Â (1) | 01/31/2024 | Common<br>Stock | 92,434 | \$ 1.76 | D | Â |
| Employee Stock Option<br>(right to buy) | Â (2) | 06/03/2024 | Common<br>Stock | 54,607 | \$ 6.33 | D | Â |

## Reporting Owners

| Reporting Owner Name / Address                                                                | Relationships |           |                           |       |
|-----------------------------------------------------------------------------------------------|---------------|-----------|---------------------------|-------|
|                                                                                               | Director      | 10% Owner | Officer                   | Other |
| Savel Robert Michael II<br>C/O OTONOMY, INC.<br>6275 NANCY RIDGE DRIVE<br>SAN DIEGO, CA 92121 | Â             | Â         | Â Chief Technical Officer | Â     |

## Signatures

/s/ Robert Michael  
Savel II 08/12/2014

\_\_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).
- (1) One fourth of the shares subject to the option vest on January 6, 2015 and one forty-eighth of the shares vest monthly thereafter.
- (2) One fourth of the shares subject to the option vest on April 23, 2015 and one forty-eighth of the shares vest monthly thereafter.

Â

### Remarks:

ExhibitÂ 24Â -Â PowerÂ ofÂ Attorney

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.