Tokai Pharmaceuticals Inc Form 4

FORM 4

June 12, 2015

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

OMB

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

3235-0287 Number: January 31, Expires:

2005

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

Estimated average

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Novartis Bioventures Ltd			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			Tokai Pharmaceuticals Inc [TKAI]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
			(Month/Day/Year)	DirectorX 10% Owner		
131 FRONT STREET			06/11/2015	Officer (give title below) Other (spe		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line) Form filed by One Reporting Person		
HAMILTON, D0 HM 12				_X_ Form filed by More than One Reporting Person		
(City)	(State)	(Zin)				

(City)	(State) ((Zip) Table	e I - Non-D	erivative S	ecurities A	cquired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securition(A) or Dis (Instr. 3, 4	posed of (I	D) Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

Common S 27,875 D 4,567,312 $D^{(1)}$ 06/11/2015 Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. T	Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	Date Exer	cisable and	7. Title and	8. Price of	9. Nu
Der	ivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amount of	Derivative	Deriv
Sec	urity	or Exercise		any	Code	of	(Month/Day/	/Year)	Underlying	Security	Secui
(Ins	str. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivati	ve		Securities	(Instr. 5)	Bene
		Derivative				Securiti	es		(Instr. 3 and	4)	Own
		Security				Acquire	d				Follo
		•				(A) or					Repo
						Dispose	d				Trans
						of (D)					(Instr
						(Instr. 3	,				
						4, and 5)				
					Code V	(A) (D) Date	Expiration	Title Amou	nt	
					Code v	(A) (D	Exercisable	Date		III	
							Exercisable	Date	Or Numb		
									Numb of	CI .	
									Shares	3	

Reporting Owners

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
Novartis Bioventures Ltd 131 FRONT STREET HAMILTON, D0 HM 12		X				
NOVARTIS AG LICHTSTRASSE 35 BASEL, V8 4056		X				

Signatures

/s/ Michael Jones, Director and /s/ Simon Zivi, Director of Novartis BioVentures Ltd.			
**Signature of Reporting Person	Date		
/s/ Michael Jones, by Power of Attorney on behalf of Novartis AG; and /s/ Simon Zivi, by Power of Attorney on behalf of Novartis AG	06/12/2015		
**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) These shares are directly owned by Novartis BioVentures Ltd. Novartis BioVentures Ltd. is a wholly-owned indirect subsidiary of Novartis AG, which is an indirect beneficial owner of the reported securities.

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.

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