## Edgar Filing: AVEO PHARMACEUTICALS INC - Form 4

AVEO PHA Form 4 March 29, 20	RMACEUTICA	LS INC									
								OMB APPROVAL			
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 c Form 5	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934,					Expires:January 3 200Estimated average burden hours per response0					
obligatio may cont <i>See</i> Instr 1(b).	tinue. Section 170			•	ding Compa Company A	•		935 or Section			
(Print or Type ]	Responses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol AVEO PHARMACEUTICALS INC [AVEO]				Ι	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(1			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>03/28/2017</li></ul>				 - b	Director    X 10% Owner       Officer (give title below)     Other (specify below)			
Filed(Mo				ed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
TIMONIUN	A, MD 21093						Ē	erson		porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative Sec	urities	Acqui	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	4. Securities A order Disposed of (Instr. 3, 4 an Amount	of (D)	ed (A) Price	5. Amount of 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 Stock	03/28/2017			P <u>(1)</u>	6,000,000	A	\$ 0.5	16,362,694	Ι	See Note 2 (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.

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

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# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Sakoda Jon 1954 GREENSPRING DRIVE SUITE 600 TIMONIUM, MD 21093		Х					
Signatures							
/s/ Sasha Keough, attorney-in-fact	03	3/29/2017					

#### \*\*Signature of Reporting Person

## **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) Reports the purchase of shares in the underwritten public offering of common stock of AVEO Pharmaceuticals, Inc.

Date

The Reporting Person is a manager of NEA 15 GP, LLC, ("NEA 15 GP") which is the sole general partner of NEA Partners 15, L.P. ("NEA Partners 15"). NEA Partners 15 is the sole general partner of New Enterprise Associates 15, L. P. ("NEA 15"). NEA 15 is the sole

(2) member of Growth Equity Opportunities Fund IV, LLC ("GEO IV"), which is the direct beneficial owner of the shares. The Reporting Person disclaims beneficial ownership within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the shares held by GEO IV in which the Reporting Person has no pecuniary interest.

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.