Axovant Sciences Ltd. Form 3 April 11, 2017 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB

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

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per 0.5 response...

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> VERNON W ANTHONY	2. Date of Event Requiring Statement (Month/Day/Year)	³ 3. Issuer Name and Ticker or Trading Symbol Axovant Sciences Ltd. [AXON]				
(Last) (First) (Middle)	04/07/2017	4. Relationship Person(s) to Is		5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O AXOVANT SCIENCES, INC., 320 WEST 37TH STREET, 5TH FLOOR (Street) NEW YORK, NY 10018			all applicable) 10% Other	Owner 6. Individual or Joint/Group ^{W)} Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One		
(City) (State) (Zip)	Table I - I	Non-Derivati	ive Securiti	Reporting Person es Beneficially Owned		
1.Title of Security2. Amount of Beneficially (Instr. 4)		of Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Shares	0		D	Â		
information cont required to respo	ach class of securities benefic pond to the collection of ained in this form are no ond unless the form disp MB control number.	t SI	EC 1473 (7-02)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)						

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

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Date Exercisable	Expiration Date	Title	Amount or Number of	Security	Direct (D) or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
VERNON W ANTHONY C/O AXOVANT SCIENCES, INC. 320 WEST 37TH STREET, 5TH FLOO NEW YORK, NY 10018	OR	ÂX	Â	Â	Â	
Signatures						
/s/Alison Haggerty, Attorney-in-Fact	04/	11/2017				
<u>**</u> 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).

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Remarks:

Exhibit List - Exhibit 24 - Power of 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.