

Onyx Therapeutics, Inc.
Form 4
June 25, 2018

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
Onyx Therapeutics, Inc.

2. Issuer Name and Ticker or Trading Symbol
Kezar Life Sciences, Inc. [KZR]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
ONE AMGEN CENTER DRIVE

(Street)

3. Date of Earliest Transaction (Month/Day/Year)
06/25/2018

___ Director ___X___ 10% Owner
___ Officer (give title below) ___ Other (specify below)

THOUSAND
OAKS, CA 91320-1799

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
___ Form filed by One Reporting Person
X Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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	06/25/2018		C	V	Amount 1,121,384 (A) or (D) (D) Price (1)	D (2) (3)	

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

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SEC 1474 (9-02)

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Amount Number of Shares
Series A Redeemable Convertible Preferred Stock	(1)	06/25/2018		C	1,121,384	(1) (1)	Common Stock	1,121

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Onyx Therapeutics, Inc. ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799		X		
AMGEN INC ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320-1799		X		

Signatures

/s/ Andrea A. Robinson, Assistant Secretary and Associate General Counsel on behalf of Onyx Therapeutics, Inc. and Amgen Inc.

06/25/2018

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).

- As more fully described in the Issuer's Registration Statement on Form S-1 (Registration No. 333-225194), upon completion of the
- (1) Issuer's initial public offering, each share of Series A redeemable convertible preferred stock will be automatically converted into one share of the Issuer's common stock.
 - (2) These shares are owned directly by Onyx Therapeutics, Inc., or Onyx, an indirect wholly-owned subsidiary of Amgen Inc., or Amgen. Amgen may be deemed to beneficially own securities held by Onyx.
 - (3) Upon the closing of the Issuer's initial public offering on the date hereof, the shares held by the reporting persons will represent less than 10% beneficial ownership of the outstanding shares of common stock.

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.