Tabibiazar Raymond Form 4 January 07, 2019

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number:

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response... 0.5

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * Tabibiazar Raymond

Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Last)

(First) (Middle) Aravive, Inc. [ARAV] 3. Date of Earliest Transaction

(Month/Day/Year)

01/03/2019

(Check all applicable)

X_ Director

X 10% Owner Other (specify Officer (give title

C/O ARAVIVE, INC. LYONDELLBASSELL TOWER, 1221 MCKINNEY STREET, SUITE 3200

(Street)

4. 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

HOUSTON,, TX 77010

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

(A)

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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

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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. Transacti Code (Instr. 8)	5. Number out of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisals Expiration Date (Month/Day/Year		nnd 7. Title and A Underlying Se (Instr. 3 and 4	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 3.61	01/03/2019		A	7,500 (1)	01/03/2019(1)	01/02/2029	Common Stock	7,500
Stock Option	\$ 3.61	01/03/2019		A	4,688 (2)	01/03/2019(2)	01/02/2029	Common Stock	4,688

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Tabibiazar Raymond C/O ARAVIVE, INC. LYONDELLBASSELL TOWER 1221 MCKINNEY STREET, SUITE 3200 HOUSTON,, TX 77010	X	X			

Signatures

/s/ Kevin Haas, Attorney-in-fact 01/07/2019

**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) These options vest as follows: (i) 625 shares of common stock vest immediately upon grant and (ii) the balance will vest pro rata on a monthly basis over the next 33 months commencing on February 12, 2019.
- These options vest as follows: (i) 1,563 shares of common stock vest immediately upon grant and (ii) 625 will vest on a monthly basis

 (2) over the next five months commencing on February 3, 2019 with full vesting, if not fully vested at such time, on the date of the Aravive Inc.'s next annual meeting of stockholders.

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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