

Zosano Pharma Corp  
 Form 3  
 January 26, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**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

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Â Tso Winnie Wing-Kei  
 (Last) (First) (Middle)

C/O ZOSANO PHARMA CORPORATION,Â 34970 ARDENTECH COURT

(Street)

FREMONT,Â CAÂ 94555

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)  
 01/26/2015

3. Issuer Name and Ticker or Trading Symbol  
 Zosano Pharma Corp [ZSAN]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer  Other  
 (give title below) (specify below)  
 Chief Financial Officer

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

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

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security  
 (Instr. 4)

2. Amount of Securities Beneficially Owned  
 (Instr. 4)

3. Ownership Form:  
 Direct (D)  
 or Indirect (I)  
 (Instr. 5)

4. Nature of Indirect Beneficial Ownership  
 (Instr. 5)

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security  
 (Instr. 4)

2. Date Exercisable and Expiration Date  
 (Month/Day/Year)

Date Exercisable      Expiration Date

3. Title and Amount of Securities Underlying Derivative Security  
 (Instr. 4)

Title      Amount or Number of

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership  
 (Instr. 5)

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|   |     |            |                 |                  |         |                                       |     |
|---|-----|------------|-----------------|------------------|---------|---------------------------------------|-----|
| Employee Stock Option<br>(right to buy) | (1) | 04/30/2024 | Common<br>Stock | Shares<br>37,358 | \$ 1.28 | or Indirect<br>(I)<br>(Instr. 5)<br>D | (1) |
|---|-----|------------|-----------------|------------------|---------|---------------------------------------|-----|

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                             |       |
|--|---------------|-----------|-----------------------------|-------|
|  | Director      | 10% Owner | Officer                     | Other |
| Tso Winnie Wing-Kei<br>C/O ZOSANO PHARMA CORPORATION<br>34970 ARDENTECH COURT<br>FREMONT, CA 94555 | (1)           | (1)       | (1) Chief Financial Officer | (1)   |

## Signatures

|   |            |
|---|------------|
| /s/ Robert W. Sweet, Jr., Attorney-in-Fact for Winnie<br>W. Tso | 01/26/2015 |
| **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).
- (1) 25% of the total option shares shall vest on May 1, 2015 and the remainder of the total option shares shall vest in equal monthly installments over three years.

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.