### Edgar Filing: CURIS INC - Form 4

CURIS INC	2									
Form 4										
January 28,	, 2015									
FORM	M 4		GEGU			CHANGI			PPROVAL	
. •	UNITED	STATES					E COMMISSION		3235-0287	
Check t	this box		VV a	shington	, D.C. 20	1549		Number:	January 31,	
if no lo		MENT OI	F CHAI	NGES IN	RENEF	Expires:	2005			
	Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								average	
Form 4				~~~~~				burden hou response	•	
Form 5	r neu pu	rsuant to S	Section	16(a) of th	e Securi	ties Excha	nge Act of 1934,			
obligati may co				•	•	• •	t of 1935 or Section	on		
See Ins	truction	30(h)	of the I	nvestment	Compar	ny Act of 1	1940			
1(b).										
(Print or Type	e Responses)									
1. Name and	Address of Reporting	g Person <u>*</u>	2. Issue	er Name <b>and</b>	l Ticker or	Trading	5. Relationship o	Reporting Person(s) to		
V T				Symbol			Issuer			
	CURIS	S INC [CR	IS]		(Check all applicable)					
(Last) (First) (Middle) 3. [			3. Date of	of Earliest T	ransaction		(contraction approache)			
				Day/Year)			Director 10% Owner			
			01/26/2	01/26/2015			XOfficer (give title Other (specify below) below)			
ROAD							Chie	f Medical Offic	er	
			4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
			Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by One Reporting Person			
LEVINCT	ON MA 02/21							More than One R		
LEAINUI	ON, MA 02421						Person			
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	Acquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date (Month/Day/Year)			3. Transactio	4. Securit			6. Ownership Form: Direct	7. Nature of	
Security (Instr. 3)	(Monul/Day/Tear)	Execution any	Date, II	Transaction Code	Disposed			(D) or Indirect	Indirect Beneficial	
		(Month/Da	ay/Year)	(Instr. 8)				(I)	Ownership	
							Following Reported	(Instr. 4)	(Instr. 4)	
						(A)	Transaction(s)			
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities benef	ficially ow	ned directly	or indirectly.			
	•				Perso	ons who re	spond to the colle		SEC 1474	
					inform	nation con	tained in this form	are not	(9-02)	

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 Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	Ē	Acquired (A Disposed of Instr. 3, 4, 5)	f (D)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee stock option (right to buy)	\$ 1.94	01/26/2015		А	]	100,000		<u>(1)</u>	01/26/2025	Common stock	100,00

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Viner Jaye C/O CURIS, INC. 4 MAGUIRE ROAD LEXINGTON, MA 02421			Chief Medical Officer					
Signatures								
/s/ Michael P. Gray, attorney-in-fact		01/28/2015						

Date

\*\*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) This option vests as to 25% of the original 100,000 shares on January 26, 2016 and as to an additional 6.25% of the original shares each successive three month period through and until January 26, 2019.

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.