Otonomy, Inc.

August 12, 2014

Form 3

FORM 3 UNITED STATES SECU				RITIES AND EXCHANGE COMMISSI		MISSIO	N O	OMB APPROVAL			
	Washington, D.C. 20549					OMB Numl		3235-	0104		
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES							Expir	es:	Janua		
							Estim	nated av	/erage	2005	
	Fil	ed pursuant	to Section 16	(a) of the	Securities E	xchange Ac	t of 1934,		burden hours per response 0.		
	Section		the Public Uti O(h) of the Inv	•	• • •		5 or Secti	on			
(Print or Type I	Responses)										
Person <u>Statement</u>			2. Date of Even Statement (Month/Day/Ye	Vent Requiring 3. Issuer Name <b>and</b> Ticker or Trading Sy Otonomy, Inc. [OTIC] (Year)			ymbol				
(Last)	(First)	(Middle)	08/12/2014					5. If Amendment, Date Original Filed(Month/Day/Year)			
C/O TPG G COMMERC 3300					(Check	all applicable)		,			
	(Street)				(give title below) (specify below) Filing			ng(Check	dividual or Joint/Group g(Check Applicable Line) Form filed by One Reporting		
FORT WOR	RTH, TX	76102					Pers		l by More		-
(City)	(State)	(Zip)	]	Table I - N	on-Derivat	ive Securiti	ies Benefi	cially O	wned		
1.Title of Secu (Instr. 4)	rity		]	2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature o Ownership (Instr. 5)		t Benefic	cial	
No securitie	s beneficia	lly owned (	<u>1) (2)</u>	C		D	Â				
Reminder: Rep owned directly			ch class of secur	ities benefici	<sup>ially</sup> S	EC 1473 (7-02	2)				
	inforr requi	nation conta red to respo	pond to the co ained in this fo nd unless the MB control nur	rm are not form displ							
1	Table II - De	rivative Secu	rities Beneficiall	y Owned (e.	g., puts, calls,	warrants, op	tions, conve	ertible sec	curities)		
1. Title of Der (Instr. 4)	ivative Securi	-	te Exercisable ar ration Date		and Amount o es Underlying	f 4. Conversi	5. on Owner		Nature eneficial		

Derivative Security

(Instr. 4)

(Month/Day/Year)

1

(Instr. 5)

Form of

Derivative

Security:

or Exercise

Derivative

Price of

### Edgar Filing: Otonomy, Inc. - Form 3

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

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Preston Heather C/O TPG GLOBAL, LLC 301 COMMERCE STREET, SUITE 3300 FORT WORTH, TX 76102	ÂX	Â	Â	Â	
Signatures					
/s/ Ronald Cami on behalf of Dr. Heather Preston (3)	08/12/2014				
**Signature of Reporting Person		Da	ate		

## **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).

Dr. Heather Preston is a TPG Partner. TPG is affiliated with TPG Biotechnology Partners III, L.P. ("TPG Biotech III"), which holds (i) shares of Series B Preferred Stock, Series C Preferred Stock and Series D Preferred Stock of Otonomy, Inc. (the "Issuer") and (ii)

(1) warrants to purchase shares of Series C Preferred Stock of the Issuer. The shares of preferred stock of each series are convertible into shares of Common Stock, par value \$0.001 per share, of the Issuer.

Dr. Preston disclaims beneficial ownership of all of the securities that are or may be beneficially owned by TPG Biotech III or any of its affiliates. Pursuant to Rule 16a-1(a)(4) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), this filing shall

(2) not be deemed an admission that Dr. Preston is, for purposes of Section 16 of the Exchange Act or otherwise, the beneficial owner of any equity securities of the Issuer for purposes of Section 16 of the Exchange Act or otherwise.

### Â

#### **Remarks:**

(3) Ronald Cami is signing on behalf of Dr. Preston pursuant to the authorization and designationÂ

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.