

# **SOPHIRIS BIO INC.**

Reported by  
**HEPPELL JAMES L**

## **FORM 3/A**

(Amended Statement of Beneficial Ownership)

Filed 02/08/17 for the Period Ending 08/16/13

Address 1258 PROSPECT STREET  
LA JOLLA, CA 92037  
Telephone 858-777-1760  
CIK 0001563855  
Fiscal Year 12/31

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * <b>HEPPELL JAMES L</b>  (Last) (First) (Middle)	2. Date of Event Requiring Statement (MM/DD/YYYY) <b>8/16/2013</b>	3. Issuer Name and Ticker or Trading Symbol <b>SOPHIRIS BIO INC. [SPHS]</b>
<b>C/O SOPHIRIS BIO INC., 1258 PROSPECT STREET</b>  (Street)	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	5. If Amendment, Date Original Filed (MM/DD/YYYY) <b>8/16/2013</b>
<b>LA JOLLA, CA 90237</b>  (City) (State) (Zip)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> 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)
<b>Common Stock</b>	<b>1381 (1)</b>	<b>I (2)</b>	<b>Full Moon Consulting Corp.</b>

### Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

#### Explanation of Responses:

- ( These shares were omitted from the Reporting Person's original Form 3, and also were omitted from 2 Forms 4 filed by the Reporting Person after his original 1) Form 3 was filed.
- ( The Reporting Person may be deemed to share voting and investment power over the shares. The Reporting Person disclaims beneficial ownership of these 2) shares except to the extend of his pecuniary interest therein, if any.

#### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>HEPPELL JAMES L C/O SOPHIRIS BIO INC. 1258 PROSPECT STREET LA JOLLA, CA 90237</b>	<b>X</b>			

#### Signatures

/s/ **Peter T. Slover, Attorney-In-Fact**

**2/8/2017**

\*\*Signature of Reporting Person

Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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.