

# CHEMOCENTRYX, INC.

# Reported by **EDWARDS THOMAS A.**

### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 08/01/17 for the Period Ending 07/28/17

Address 850 MAUDE AVENUE

MOUNTAIN VIEW, CA 94043

Telephone 650-210-2900

CIK 0001340652

Symbol CCXI

SIC Code 2834 - Pharmaceutical Preparations

Industry Pharmaceuticals

Sector Healthcare

Fiscal Year 12/31



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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## STATEMENT OF CHANGES IN 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

Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
					ChemoCentryx, Inc. [ CCXI ]							X Director		1	0% Owner		
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								Officer (give title below) Other (specify below)				
C/O CHEMOCENTRYX, INC., 850 MAUDE AVENUE						7/28/2017											
	(Stre	eet)		4. I	f An	nendme	ent, Date C	Origin	al Fil	ed (MM/I	DD/YYYY	6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)	
MOUNTAIN VIEW, CA 94043 (City) (State) (Zip)													X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
		,	Table I -	Non-Der	ivati	ive Sec	urities Ac	quire	ed, Di	isposed	of, or B	eneficially Own	ed				
1.Title of Security (Instr. 3)					2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	ode	4. Securities Acq or Disposed of (I (Instr. 3, 4 and 5)		Ď) `´	5. Amount of Securities Benefi Following Reported Transactio (Instr. 3 and 4)			Ownership of Form: Be	7. Nature of Indirect Beneficial Ownership	
							Code	V	Amou	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock 7/28/201'				28/2017			M (1)		6767	A	\$0.00	138785			D		
	Tab	le II - Deri			Bene							s, options, conve	rtible sec	urities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deeme Execution Date, if any	Code	Derivative Securities		ve es Acquired hisposed of		Date Exercisable and xpiration Date		Securities	s Underlying re Security	Inderlying Derivative Security Security		Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	_	
Restricted Stock Units	<u>(2)</u>	7/28/2017		M			6767	(	3)	(3)	Commo Stock	on 6767	<u>(2)</u>	6767	D		

### **Explanation of Responses:**

- (1) Shares were acquired upon vesting of restricted stock units awarded on July 28, 2015.
- (2) Each restricted stock unit represents a contingent right to receive one share of CCXI common stock.
- (3) The restricted stock units were awarded on July 28, 2015 and vest in three equal installments on July 28, 2016, July 28, 2017 and July 28, 2018, subject to the Reporting Person's continued service relationship with the Issuer through each such vesting date. Vested shares will be delivered to the Reporting Person within thirty (30) days following the vesting date.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	1	Other			
Edwards Thomas A. C/O CHEMOCENTRYX, INC. 850 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	X						

#### **Signatures**

/s/ Susan M. Kanaya, as Attorney-in-Fact 8/1/2017
\*\*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 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).

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.