

# YIELD10 BIOSCIENCE, INC. Reported by SINSKEY ANTHONY J

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 05/26/17 for the Period Ending 05/24/17

Address 19 PRESIDENTIAL WAY

**SUITE 201** 

**WOBURN, MA 01801** 

Telephone 617-583-1700

CIK 0001121702

Symbol YTEN

SIC Code 3080 - Miscellaneous Plastics Products

Industry Biotechnology & Medical Research

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

## 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

1. Name and Address of Reporting Person *				2	<u> </u>							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Sinskey Ant	hony J			)	TEL	.D10 B	IOSCI	ENC	CE, l	INC. [	Y	ΓEN					
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)								X _ Director10% Owner Officer (give title below) Other (specify below)				
C/O YIELD PRESIDEN			E, INC	., 19			5/2	24/20	)17				Officer (giv	e title below	,0	mer (specify	below)
(Street)				4	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
WOBURN, MA 01801 (City) (State) (Zip)												X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table I	- Non-D	erivat	tive Secu	urities Ac	equir	ed, D	isposed	l of,	or Be	neficially Owne	ed			
1. Title of Security (Instr. 3)		2. Trans. Dat	te 2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	ode	4. Securities According Disposed of (Instr. 3, 4 and 5		(D) Fol		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)			Form:	7. Nature of Indirect Beneficial Ownership		
						Code	V	Amo		.) or D)	Price				or Indirect (I) (Instr. 4)  (I) (Instr. 4)		
Common Stock 5/24/201			5/24/2017	7		A			28274 (1) A		\$0	100664			D		
	Tab	ole II - Der	ivative S	Securities	s Ben	eficially	Owned (	e.g	, puts	s, calls,	war	rrants,	, options, conve				1
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deem Execution Date, if ar	ı (Instr. 8	ss. Code 5. Number Derivative Acquired Disposed (Instr. 3,		e Securities (A) or of (D)	6. Date Exercisable and Expiration Date		Sec	curities	Underlying Security	Derivative Security	9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	V	(A)	(D)	Date Exerc	isable	Expiration Date	n Tit	tle	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Stock Option (right to buy)	\$0.42	5/24/2017		A		25000	(2)	5/24/2	2018	5/24/2027		Common Stock	25000	\$0	25000	D	

#### **Explanation of Responses:**

- (1) These shares were issued to the Reporting Person pursuant to the Issuer's Director Compensation Policy for services rendered to the Issuer as a member of its Board of Directors and/or a committee thereof during the first quarter of 2017.
- (2) These options were issued to the Reporting Person as the annual option grant to non-employee directors pursuant to the Issuer's Director Compensation Policy for services to be rendered to the Issuer as a member of its Board of Directors and/or a committee thereof.

#### Reporting Owners

reporting o where							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Sinskey Anthony J C/O YIELD10 BIOSCIENCE, INC. 19 PRESIDENTIAL WAY WOBURN, MA 01801	X						

#### **Signatures**

/s/ Megan N. Gates, attorney-in-fact 5/26/2017

\*\*\*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.