Edgar Filing: VICAL INC - Form 4

VICAL INC												
Form 4												
July 27, 2015	5											
FORM	4									PPROVAL		
Washi					TIES AND EXCHANGE COMMISSION nington, D.C. 20549					3235-0287		
check this box if no longer									Expires: J			
subject to	SIAIP	EMENT O	F CHAN	GES IN BENEFICIAL OW				NERSHIP OF	Estimated average			
Section 1 Form 4 or				SECUR	ITIES					burden hours per		
Form 5		urcuant to	Section 1	5(a) of the	Securit	es F	vehand	e Act of 1934,	response	0.5		
obligation	ns Section 1							f 1935 or Sectio	m			
may cont See Instru	mue.) of the In									
1(b).	iction		, 		1							
(Print or Type F	Responses)											
1 Name and A	ddress of Reportin	ng Derson *	2.1	NT 1		T 1'		5 Delationship of	f Daporting Dar	son(s) to		
Ramos Anth			2. Issuer Symbol	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			•	INC [VIC	Ч.I							
									(Check all applicable)			
(Last)	(First)	(Middle)		Date of Earliest Transaction onth/Day/Year)				Director 10% Owner				
				/23/2015				X Officer (give title Other (specify				
								below) VP Chie	below) f Accounting O	fficer		
(Streat) A IF A				f Amondment, Data Original				-				
				If Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			T nea(mon	uir Duy, i cui)				_X_ Form filed by				
SAN DIEGO	O, CA 92121							Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)				~ .						
(0.15)	(State)	(2.p)	Table	e I - Non-D				uired, Disposed o		-		
1.Title of Security	2. Transaction Date 2/ (Month/Day/Year) E:		emed on Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of				5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	(Wonth/Day/Tea	any	on Date, n	Code (D)			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
		(Month/	/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)								
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common						(2)						
Stock \$.01	07/23/2015			S <u>(1)</u>	194	D	\$ 0.62	147,121 <u>(2)</u>	D			
par value							0.02					

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

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	i	Relationships							
	Director	10% Owner	Officer	Other					
Ramos Anthony Alan 10390 PACIFIC CENTER COU SAN DIEGO, CA 92121	RT		VP, Chief Accounting Officer						
Signatures									
Anthony A. 07/2	7/2015								

Ramos 0//2//2015

<u>**</u>Signature of Reporting Person Date

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) Sale of 194 shares of common stock to cover withholding taxes on restricted stock units released. The sale was affected by a broker pursuant to instructions set forth in a Rule 10b5-1 plan adopted by the Reporting Person and delivered to the broker on February 26, 2015.
- (2) This balance includes 96,368 unvested shares subject to restricted stock units.

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.