FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL							
l	OMB Number:	3235-0287							
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1	hours per response:	0.5							

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* <u>Renzi David</u>																5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					٦											Directo	r	10% Owner		ner	
(Last)	`	irst) THERAPEUTIC	(Middle) S, INC.			3. Date of Earliest Transaction (Month/Day/Year) 12/30/2015										Officer below)	(give title Presider	nt & C	Other (s below)	pecify	
3181 PORTER DRIVE																					
(Street) PALO ALTO CA 94304					_	. , , ,										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																		
		Tab	le I - Nor	n-Deri	vativ	e Se	curit	ies Ac	quire	l, Dis	spos	sed of	f, or Be	nefici	ally	Owned					
Date			Date	nnsaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct of Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership		
										e V	Am	mount	(A) or (D)	Price	•	Reported Transact (Instr. 3 a	tion(s)		1	(Instr. 4)	
Common Stock 12/3					30/201	2015			М		1	10,000) A	\$0	.56	10,	,000		D		
Common	Stock			12/3	30/201	.5			S ⁽¹		1	10,000) D	\$3.	\$3.7 ⁽²⁾ 0 D						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,		ransaction ode (Instr.		of		Exerci ion Da Day/Ye	te		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		S	. Price of verivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Own For (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expira Date		Title	Amour or Number of Shares	er						
Stock Option (Right to	\$0.56	12/30/2015			M			10,000	(3)		06/06/	5/2023	Common Stock	10,00	0	\$0.00	515,82	:5	D		

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a trading plan adopted pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.
- 2. Represents the weighted-average price at which shares were sold within a range between \$3.65 and \$3.725, inclusive. The reporting person hereby undertakes to provide, upon request, to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. The option for 525,825 shares of common stock was granted on 6/6/2013. 1/4 of the option grant was fully vested and exercisable on 6/6/2014, and 1/48 of the option grant vests and becomes exercisable each

Remarks:

/s/ David J. Saul, Attorney-in-

fact

** Signature of Reporting Person

12/31/2015

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 Number.