SEC Form 4

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(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

(State)

(Zip)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Instruction | 1(D). | | Flied pursuant to Section 10(a) of the Securities Exchange Act of 15 | 134 | | |
|---|-------|-------|---|-------------------|---|--------------------------|
| | | | or Section 30(h) of the Investment Company Act of 1940 | | * | |
| 1. Name and Address of Reporting Person [*] Thomas John C | | | 2. Issuer Name and Ticker or Trading Symbol <u>NantKwest, Inc.</u> [NK] | | tionship of Reporting Po all applicable) Director | 10% Owner |
| (Last) (First) (Middle) C/O NANTKWEST, INC. 3530 JOHN HOPKINS COURT | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2017 | | Officer (give title below) | Other (specify below) |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | lividual or Joint/Group Filing (Check Applicable | |
| (Street) | | | | X | Form filed by One Re | eporting Person |
| SAN DIEGO CA 92 | | 92121 | | | Form filed by More th Person | an One Reporting |
| | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-------------------------|---|---|---------------|--------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 06/20/2017 | | S ⁽¹⁾ | | 10,000 | D | \$7.43 | 308,655 | D | |
| Common Stock | 06/20/2017 | | S ⁽¹⁾ | | 20,000 | D | \$7.44 | 288,655 | D | |
| Common Stock | 06/20/2017 | | S ⁽¹⁾ | | 10,000 | D | \$7.54 | 278,655 | 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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | Expiration Date (Month/Day/Year) rities rosed) 5. 3, 4 | | | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|--|---------------------|--------------------|---|--|---|--|--|---------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 6, 2016. **Remarks:**

/s/ Daniel Horwood, as

Attorney-in-Fact

06/21/2017

** 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 Number.

OMB APPROVAL

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