Edgar Filing: FRY JOHN A - Form 4

| FRY JOHN | ΝA | | | | | | | | | |
|--|---|---------------------------------|---|--|--|---|--|---|--|--|
| Form 4 | | | | | | | | | | |
| May 02, 20 | | | | | | | | | | |
| FOR | M 4 UNITED | STATES SI | ECURITIES / | AND EX | CHANGE | | | APPROVAL | | |
| | | | S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | 3235-0287 | | |
| Check if no lo subject Section Form 4 | to SIAIE N 16. | MENT OF C | CHANGES IN SECUI | ICIAL OV | WNERSHIP OF | Estimated burden ho | urs per | | | |
| Form 5 obligat may co | Filed put | (a) of the Pul | | lding Coi | npany Act | nge Act of 1934, of 1935 or Sectio 940 | response. | 0.5 | | |
| (Print or Type | e Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> FRY JOHN A | | | 2. Issuer Name and Ticker or Trading Symbol vTv Therapeutics Inc. [VTVT] | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Lest) | (First) | | • | 1 v 1 j | (Check all applicable) | | | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | Director 10% Owner | | | | |
| | THERAPEUTICS) MENDENHALI | 04 | 4/30/2018 | | | Officer (giv below) | e titleOt | her (specify | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| HIGH PO | INT, NC 27265 | | | | | | More than One F | | | |
| (City) | (State) | (Zip) | Table I - Non- | Derivative | Securities A | cquired, Disposed | of, or Beneficia | ally Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Da any | Code Year) (Instr. 8) | 4. Securit onAcquired Disposed (Instr. 3, - | (A) or of (D) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Reminder: R | eport on a separate line | e for each class | of securities bene | ficially ow | ned directly (| or indirectly | | | | |
| | | | | Perso inforr requi | ons who res nation cont red to resp ays a curre | spond to the colle tained in this form ond unless the fo ntly valid OMB co | i are not rm | SEC 1474 (9-02) | | |
| | Tab | | ive Securities Acc ts, calls, warrant | | | Beneficially Owned securities) | I | | | |
| | | saction Date 3. /Day/Year) E | A. Deemed Execution Date, if | 4. Transact | 5. Number iorDerivative | | | 7. Title and Amount of Underlying | | |

8.

D

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8 | | Securities Acquired or Dispose (D) (Instr. 3, 4 and 5) | (A) ed of | | | | | Se (Iı |
|--|---|------------|-------------------------|-------------------|---|---|--------------|---------------------|--------------------|----------------------------|-------------------------------------|-----------|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Director stock option (right to buy) | \$ 1.79 | 04/30/2018 | | А | | 15,000 | | (1) | 04/30/2028 | Class A common stock | 15,000 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| r g t t t t t | Director | 10% Owner | Officer | Other | | | | |
| FRY JOHN A C/O VTV THERAPEUTICS INC. 4170 MENDENHALL OAKS PKWY HIGH POINT, NC 27265 | | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Rudy C. Howard, attorney-in-fact | 05/02/2018 | | | | | | | |
| **Signature of Reporting Person | Date | e | | | | | | |
| 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) The option vests in monthly equal installments over the three year period beginning on April 30, 2018.

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.