

Zosano Pharma Corp  
 Form 3  
 June 24, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

^ Scharin Eric

(Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)

06/15/2016

3. Issuer Name and Ticker or Trading Symbol

Zosano Pharma Corp [ZSAN]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

Director  10% Owner  
 Officer  Other  
 (give title below) (specify below)  
 VP, Engineering & Operations

C/O ZOSANO PHARMA CORPORATION, ^ 34970 ARDENTECH COURT

(Street)

FREMONT, ^ CA ^ 94555

(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable Date Expiration Date

Title Amount or Number of

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|   |       |            |                 | Shares |         | or Indirect<br>(I)<br>(Instr. 5) |   |
|---|-------|------------|-----------------|--------|---------|----------------------------------|---|
| Employee Stock Option<br>(right to buy) | Â (1) | 12/15/2025 | Common<br>Stock | 25,000 | \$ 2.26 | D                                | Â |
| Employee Stock Option<br>(right to buy) | Â (2) | 03/29/2026 | Common<br>Stock | 12,000 | \$ 2.57 | D                                | Â |

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |                                |       |
|---|---------------|-----------|--------------------------------|-------|
|   | Director      | 10% Owner | Officer                        | Other |
| Scharin Eric<br>C/O ZOSANO PHARMA CORPORATION<br>34970 ARDENTECH COURT<br>FREMONT, CA 94555 | Â             | Â         | Â VP, Engineering & Operations | Â     |

## Signatures

/s/ Eric Scharin 06/23/2016

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) 25% of the total number of shares underlying the stock option vest on December 15, 2016, and the remaining underlying shares vest in equal monthly installments over the following three-year period.
- (2) 25% of the total number of shares underlying the stock option vest on March 29, 2017, and the remaining underlying shares vest in equal monthly installments over the following three-year period.

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.