SYNERGY PHARMACEUTICALS, INC.

Form 3

March 03, 2015

FORM 3

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

OMB APPROVAL

OMB Number:

3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

Estimated average burden hours per

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

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person *

Â Griffin Patrick

(Last) (First) (Middle)

Statement

(Month/Day/Year)

02/25/2015

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

SYNERGY PHARMACEUTICALS, INC. [SGYP]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O SYNERGY PHARMACEUTICALS, INC... 420 LEXINGTON **AVENUE, SUITE 2012**

(Street)

(Check all applicable)

10% Owner Director _X__ Officer Other (give title below) (specify below)

6. Individual or Joint/Group

Exec VP&Chief Medical Officer

Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

NEW YORK, NYÂ 10170

(City) (State) (Zip)

1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Direct (D) or Indirect (I) (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. 5. Ownership Conversion or Exercise Form of Price of Derivative

6. Nature of Indirect Beneficial

Ownership

(Instr. 5)

Derivative Security:

1

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Options	05/24/2013(1)	05/24/2023	Common Stock	300,000	\$ 5.16	D	Â
Stock Options	07/12/2013(2)	07/12/2023	Common Stock	50,000	\$ 4.4	D	Â
Stock Options	06/10/2014(3)	06/10/2024	Common Stock	100,000	\$ 4.24	D	Â
Stock Options	12/06/2014(4)	12/06/2024	Common Stock	175,000	\$ 2.98	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	

Griffin Patrick C/O SYNERGY PHARMACEUTICALS, INC., 420 LEXINGTON AVENUE, SUITE 2012 NEW YORK, NYÂ 10170

Â Êxec VP&Chief Medical Officer Â

Signatures

/s/ Patrick
Griffin

**Signature of Reporting Person

O3/03/2015

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) The Stock Options vest in accordance with the following schedule: 100,000 on each of the first, second and third anniversary of the date of issuance.
- (2) The Stock Options vest in accordance with the following schedule: 16,667 of the stock options vest on the first anniversary of the date of issuance and 16,666 vests on each of the second and third anniversary of the date of issuance.
- (3) The Stock Options vest in accordance with the following schedule: 33,333 of the stock options vest on each of the first and second anniversary of the date of issuance and 33,334 vests on the third anniversary of the date of issuance.
- (4) The Stock Options vest in accordance with the following schedule: 58,333 of the stock options vest on each of the first and second anniversary of the date of issuance and 58,334 vests on the third anniversary of the date of issuance.

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.

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