HOFFMAN ROBERT Form 3 October 16, 2018 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

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 <u>*</u> HOFFMAN ROBERT | 2. Date of Event Requiring Statement (Month/Day/Year) | ^g 3. Issuer Name and Ticker or Trading Symbol Aravive, Inc. [ARAV] | | | |
|--|---|---|---|--|--|
| (Last) (First) (Middle) C/O ARAVIVE, INC., LYONDELLBASEL TOWER, 1221 MCKINNEY ST (Street) | 10/12/2018 | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) OfficerOther (give title below) (specify below) | 5. If Amendment, Date Original Filed(Month/Day/Year)6. Individual or Joint/Group | | |
| HOUSON, TX 77010 (City) (State) (Zip) | Table I N | Non-Derivative Securities B | Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| 1.Title of Security (Instr. 4) | 2. Amount o Beneficially (Instr. 4) | f Securities 3. 4. Na | ature of Indirect Beneficial ership | | |
| Common Stock | 0 | D Â | | | |
| 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. SEC 1473 (7-02) | | | | | |

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | (Instr. 5) |
| | | (Instr. 4) | Price of | Derivative | |
| | | | Derivative | Security: | |

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

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| Date | Expiration | Title | Amount or | Security | Direct (D) |
|-------------|------------|-------|-----------|----------|-------------|
| Exercisable | Date | | Number of | | or Indirect |
| | | | Shares | | (I) |
| | | | | | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | |
|---|------------|---------------|--------------|---------|-------|
| | | Director | 10% Owner | Officer | Other |
| HOFFMAN ROBERT C/O ARAVIVE, INC. LYONDELLBASEL TOWER, 1221 MCKINNEY ST. HOUSON, TX 77010 | | ÂX | Â | Â | Â |
| Signatures | | | | | |
| /s/ Kevin Haas, Attorney-in-fact | 10/16/2018 | | | | |
| **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).

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.