Wentworth Kerry Form 4/A March 05, 2019

FORM 4

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

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 4 or

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

1(b).

Form 5

obligations

may continue.

See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person * Wentworth Kerry

(Last) (First) (Middle)

C/O FLEXION THERAPEUTICS, INC., 10 MALL ROAD, SUITE 301

(Street)

BURLINGTON, MA 01803

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

Flexion Therapeutics Inc [FLXN]

3. Date of Earliest Transaction (Month/Day/Year)

10/06/2018

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

10/09/2018

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

5. Relations Issuer	hip of Report	ting Person(s) to
	(Check all ap	oplicable)
below)	er (give titlebe	10% Owner Other (specifically)
	hief Regulate l or Joint/Gro	ory Officer oup Filing(Check
	ed by One Rep	orting Person n One Reporting

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