## Edgar Filing: Leverone Jason A. - Form 4

Leverone Jason A.				
Form 4				
August 22, 2018	OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION	т			
Washington, D.C. 20549	OMB 3235-0287 Number:			
Check this box	Expires: January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF	2005			
Section 16. SECURITIES	Estimated average burden hours per			
Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1034	response 0.5			
The pursuant to Section 10(a) of the Securities Exchange Act of 1934,				
See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940	)]]			
See Instruction 50(n) of the Investment Company Act of 1940 1(b).				
(Print or Type Responses)				
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of	of Reporting Person(s) to			
Leverone Jason A. Symbol Issuer	Issuer			
MIRAGEN THERAPEUTICS, INC.	ak all applicable)			
[MGEN]	ck all applicable)			
(Last) (First) (Middle) 3. Date of Earliest Transaction Director	10% Owner			
(Month/Day/Year)	ve title Other (specify below)			
C/O MIRAGEN THERAPEUTICS, 08/21/2018 CFO, TE	reasurer & Secretary			
	loint/Group Filing(Check			
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by	One Reporting Person			
	More than One Reporting			
(City) (State) (Zip) <b>Table I - Non-Derivative Securities Acquired, Disposed of</b>	of, or Beneficially Owned			
1.Title of2. Transaction Date2A. Deemed3.4. Securities5. Amount of	6. Ownership 7. Nature of			
Security(Month/Day/Year)Execution Date, ifTransactionAcquired (A) orSecurities(Instr. 3)anyCodeDisposed of (D)Beneficially	Form: Direct Indirect			
	(D) orBeneficialIndirect (I)Ownership			
(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following	(D) orBeneficialIndirect (I)Ownership(Instr. 4)(Instr. 4)			
(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following Reported	Indirect (I) Ownership			
(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following (A) or (Instr. 3) (Instr. 3, 4 and 5) Owned Following (A) (Instr. 3 and 4)	Indirect (I) Ownership			
(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following (A) Reported Transaction(s)	Indirect (I) Ownership			

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

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 Acquired, Disposed of, or Beneficially Owned

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Leverone Jason A. C/O MIRAGEN THERAPEUTICS, INC. 6200 LOOKOUT ROAD BOULDER, CO 80301			CFO, Treasurer & Secretary				
Signatures							
/s/ Brent D. Fassett, as Attorney-in-Fact fo Leverone	r Jason A		08/22/2018				
<b>**</b> Signature of Reporting Person			Date				

## **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) Includes 1,250 shares acquired under the Miragen Therapeutics, Inc. 2016 Employee Stock Purchase Plan on August 21, 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.