SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

| | | | 01 360 | clion 30(n) of the inv | vestment Con | Ipany Act of 1940 | | | | | | |
|---|---------|-------|--|---|---|--|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person [*] SHAULSON JOSEPH H (Last) (First) (Middle) C/O YIELD10 BIOSCIENCE, INC. | | | | r Name and Ticker | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | , | <u> </u> | X | Director 10% | | Owner | | |
| | | | | of Earliest Transac 2020 | tion (Month/D | ay/Year) | | Officer (give title below) | Other below | (specify) | | |
| 19 PRESIDENTIAL WAY | | | 4. If Am | endment, Date of C | Driginal Filed (| Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) WOBURN | МА | 01801 | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

| | | | | | | | | Code | V An | mount | (A) or (D) | Price | Transacti (Instr. 3 a | on(s) | | (11001.4) |
|---|--|--|---|---|---|-----------------------|--|-------------------|---|----------------|---|--|--|--|---|-----------|
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| 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. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisab | | piration te | Title | Amount or Number of Shares | | Transaction(s (Instr. 4) | | |
| Stock Option (right to | \$0.19 | 01/09/2020 | | Α | | 42,135 ⁽¹⁾ | | 01/09/202 | .0 01/0 | 09/2030 | Common Stock | 42,135 | \$0.18 | 42,135 | D | |

Explanation of Responses:

buy)

1. These options were issued to the Reporting Person pursuant to the Issuer's Director Compensation Policy in lieu of \$7,500 of cash compensation for services rendered to the Issuer as a member of its Board of Directors and/or a committee thereof during the fourth quarter of 2019.

/s/ Megan N. Gates, attorney-in-01/13/2020

fact

** Signature of Reporting Person Date

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

 * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.