FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL								
ı									
ı	OMB Number:	3235-0287							
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ı	hours per response:	0.5							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Parsley Edwin L.				2. Issuer Name <b>and</b> Ticker or Trading Symbol  Mast Therapeutics, Inc. [ MSTX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
raisiey	EUWIII L	•		-					-	-				Director			10% Ow	· I
				_ <u> </u>	Doto	of Earliest	Tropo	action (Ma	nth/F	You (Voor)		-	X	Officer ( below)	(give title		Other (s below)	pecify
(Last)	(F	irst)	(Middle)		1/20/2		Halls	action (ivio	IIIII/L	Jay/ feal)				,	Modical	,		,
3611 VALLEY CENTRE DRIVE, SUITE 500				ľ	01/20/2017									Chief Medical Officer & SVP				
(Street)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line)	Individual or Joint/Group Filing (Check Applicable					
SAN DII	EGO C.	A	92130										X	Form fil	ed by One	Repo	rting Persor	1
														Form fil Person		e than	One Repor	ting
(City)	(S	tate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			e	Execution Date, if any		Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 an		nd 5) Securities Beneficia		Form (D) o		Direct I	7. Nature of Indirect Beneficial			
					(Month/Da	ıy/Year	r) 8)	8)					Owned Following (I) (In Reported Transaction(s) (Instr. 3 and 4)		(I) (Ins		Ownership Instr. 4)	
							Code	Code V Amount		(A) (D)	Prio	e				,		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
			(e.g	j., puts	s, cal	ls, warr	ants	, option	s, c	onverti	ble sec	urities	)					
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)	Code (Instr.		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 Amound Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security		9. Number o derivative Securities Beneficially Owned Following Reported Transaction	s S Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amour or Numbe of Sha	er		(Instr. 4)	(0)		
Restricted Stock Units	(1)	01/20/2017		A		894,572		(2)		(2)	Common Stock	894,5	572	\$0.00	894,57	'2	D	

## **Explanation of Responses:**

- $1. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ the \ issuer's \ common \ stock.$
- 2. The restricted stock units vest in full upon consummation of the merger transaction contemplated by the Agreement and Plan of Merger, dated January 6, 2017, by and among the issuer, Savara Inc., and Victoria Merger Corp. (provided such event occurs on or before July 6, 2017).

## Remarks:

/s/ Edwin L. Parsley

01/23/2017

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.