SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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

	or S	ection 30(n) c	of the Investment Company Act of	1940			
1. Name and Address of Reporting Person* 2. Date of Event Requiring Stateme (Month/Day/Year) 01/25/2018		atement /ear)	3. Issuer Name and Ticker or Trading Symbol resTORbio, Inc. [TORC]				
(Last) (First) (Middle) 601 LEXINGTON AVENUE (AT 53RD STREET) 54TH FLOOR			4. Relationship of Reporting Per (Check all applicable) X Director X Officer (give title below)	son(s) to Issue 10% Owne Other (spe below)	er (Mo	onth/Day/Year) ndividual or Join plicable Line)	ate of Original Filed t/Group Filing (Check ay One Reporting Person
(Street) NEW YORK NY 10022-462	9				:	X Form filed t Reporting F	by More than One Person
(City) (State) (Zip)	Tabla I. A	lan Darius					
1. Title of Security (Instr. 4)			Ative Securities Beneficia 2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	cṫ (D) (Inst	A. Nature of Indirect Beneficial Ownership D) (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)	2. Date Exe Expiration I (Month/Day	Date	3. Title and Amount of Securit Underlying Derivative Securit		4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)	
Series A Preferred Stock	(1)	(1)	Common Stock	2,425,485	(1)	I	See Footnotes ⁽²⁾⁽³⁾
Series B Preferred Stock	(1)	(1)	Common Stock	1,871,569	(1)	I	See Footnotes ⁽²⁾⁽³⁾
1. Name and Address of Reporting Person [*] ORBIMED ADVISORS LLC (Last) (First) 601 LEXINGTON AVENUE (AT 53RD 5)	(Middle) STREET)	_					
54TH FLOOR		_					
Street) NEW YORK NY 10022-4629							
(City) (State)	(Zip)						
1. Name and Address of Reporting Person [*] OrbiMed Capital GP VI LLC							
(Last) (First) (Middle) 601 LEXINGTON AVENUE (AT 53RD STREET) 54TH FLOOR							
(Street) NEW YORK NY 10022-4629							
(City) (State)	(Zip)						
Explanation of Responses:							

1. All series of Convertible Preferred Stock will automatically convert into resTORbio, Inc. common stock on a 1.2804-for-1 basis immediately prior to the closing of the initial public offering and have no expiration date.

2. These securities are held of record by OrbiMed Private Investments VI, LP ("OPI VI"). OrbiMed Capital GP VI LLC ("GP VI") is the sole general partner of OPI VI, and OrbiMed Advisors LLC ("Advisors"), a registered adviser under the Investment Advisors Act of 1940, as amended, is the sole managing member of GP VI. By virtue of such relationships, GP VI and Advisors may be deemed to have voting and investment power with respect to the securities held by OPI VI noted above and as a result may be deemed to beneficially own such securities for purposes of Rule 13d-3 under the Securities Exchange Act of 1934, as amended (the "Exchange Act").

3. This report on Form 3 is jointly filed by GP VI and Advisors. Each of the reporting persons disclaims beneficial ownership of the securities reported herein for purposes of Rule 16a-1(a) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), except to the extent of its or his pecuniary interest therein, if any. The Reporting Persons have designated a representative, Jonathan T. Silverstein, a member of Advisors, to serve on the Company's board of directors. This report shall not be deemed an admission that any of the reporting persons is a beneficial owner of such securities for the purposes of Section 16 of the Exchange Act, or for any other purposes.

Remarks:

/s/ Jonathan Silverstein

** Signature of Reporting Person

01/25/2018

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 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.

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.