

APPLIED GENETIC TECHNOLOGIES CORP
 Form 3
 March 26, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â GLAXOSMITHKLINE PLC		(Month/Day/Year)	APPLIED GENETIC TECHNOLOGIES CORP [AGTC]	
(Last)	(First)	(Middle)	03/26/2014	
980 GREAT WEST ROAD		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)		(Check all applicable)		6. Individual or Joint/Group Filing(Check Applicable Line)
BRENTFORD		___ Director		___X___ 10% Owner
MIDDLESEX,Â X0Â TW8 9GS		___ Officer		___ Other
(City)	(State)	(Zip)	(give title below) (specify below)	
				___ Form filed by One Reporting Person
				___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date			
		Title	Amount or Number of Shares		

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Series B-1 Convertible Preferred Stock	Â (1)	Â (1)	Common Stock	503,579	\$ (1)	I	See Footnote (2)
Series B-2 Convertible Preferred Stock	Â (1)	Â (1)	Common Stock	934,487	\$ (1)	I	See Footnote (2)
Series B-3 Convertible Preferred Stock	Â (1)	Â (1)	Common Stock	447,770	\$ (1)	I	See Footnote (2)
Stock Option (Right to Buy)	Â (3)	03/26/2024	Common Stock	9,375	\$ 12	I	See Footnote (4)

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

GLAXOSMITHKLINE PLC
980 GREAT WEST ROAD
BRENTFORD MIDDLESEX,Â X0Â TW8 9GS

Â Â X Â Â

Signatures

/s/ Victoria Whyte, authorized representative

03/26/2014

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Each share of convertible preferred stock is convertible into shares of common stock at any time at the holder's election or upon the consummation of a qualified public offering of the registrant on a 1-for-35 basis. The convertible preferred stock has no expiration date.
- (2) Held of record by S.R. One Limited, an indirect, wholly-owned subsidiary of GlaxoSmithKline plc (the "Reporting Person").
- (3) The stock option becomes exercisable in equal yearly installments over three years from the date of grant, on March 26, 2014.
The stock option was granted to Jill Carroll, a director of the Issuer. Ms. Carroll is a senior associate of S.R. One, Limited and an employee of GlaxoSmithKline LLC, a wholly-owned subsidiary of GlaxoSmithKline plc. As an associate of S.R. One, Limited and an employee of GlaxoSmithKline LLC, Ms. Carroll is obligated to transfer any shares issued under the option to S.R. One, Limited.

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.