SEC F	Form 4
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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 APPF	Roval
OMB Number:	3235-0287
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hours per response:	0.5

	ss of Reporting Perso	on*	2. Issuer Name and Ticker or Trading Symbol ADURO BIOTECH, INC. [ADRO]		tionship of Reporting Per all applicable)	son(s) to Issuer
<u>Haghighat R</u>	<u> </u>			X	Director	10% Owner
(Last) (First) (Middle) C/O ADURO BIOTECH, INC. 740 HEINZ AVENUE		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/14/2016		Officer (give title below)	Other (specify below)
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Filing (Check Applicable	
(Street)				X	Form filed by One Rep	orting Person
BERKELEY CA 94710		94710			Form filed by More that Person	n One Reporting
(City)	(State)	(Zip)				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	11/14/2016		S ⁽¹⁾		7,088	D	\$15.5	81,880 ⁽²⁾	D		
Common Stock	08/31/2015		J ⁽³⁾		745,463	D	\$0.00	0	Ι	By Triton Systems, Inc.	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(* 37)	,,											
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. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title Amoun Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The sales reported in this Form 4 were affected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on October 10, 2016.

2. Includes 74,206 shares received by the Reporting Person as a distribution by Triton Holdings LLC.

3. As of August 31, 2015, the Reporting Person no longer has voting or dispositive control over the securities held by Triton Systems, Inc.

Remarks:

This Form 4 does not include indirect ownership of the shares held by Turnpike Properties, LLC and Triton Holdings, LLC attributed to the Reporting Person, that were erroneously reported on the Form 4 filed on April 22, 2015 with the SEC (the "Prior Form 4"). Subsequent to filing of the Prior Form 4, the Issuer was notified that the Reporting Person did not have the right to exercise voting and dispositive control over the shares held by these entities at the time the Prior Form 4 was filed.

/s/ Jennifer Lew, Attorney-in-

Fact

11/16/2016

** 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.