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 Sec	tion 30(h) of	f the Investment Company Act of 1	.940					
1. Name and Address of Reporting Person* Amgen Ventures LLC			2. Date of Event Requiring Statement (Month/Day/Year) 05/30/2013		3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Epizyme, Inc.</u> [ EPZM ]						
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) THOUSAND OAKS CA 91320-1799					Officer (give title below)	Other (specify below)			6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D)	4. Nature of Indirect Beneficial Ownership (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 Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit			rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratior Date	Title	Amount or Number of Shares	Derivative Security		or Indirect (I) (Instr. 5)		
Series B Preferred Stock			(1)	(1)	Common Stock	317,460	(1)		D <sup>(2)(3)</sup>		
1. Name and Address of Reporting Person <sup>*</sup> <u>Amgen Ventures LLC</u>											
(Last) ONE AMGEN	(First) I CENTER D	(First) (Middle) ENTER DRIVE									
(Street) THOUSAND OAKS	JSAND CA 91320.		-1799	-							
(City)	(State)	(Zip)									
1. Name and Address of Reporting Person <sup>*</sup> <u>AMGEN INC</u>											
(Last) (First) (Middle) ONE AMGEN CENTER DRIVE											
ONE AMGEN	I CEINTER D										
(Street) THOUSAND CA 91320 OAKS		-1799									
(City) (State) (Zip)											

**Explanation of Responses:** 

/s/ David J. Scott, Senior Vice President, General Counsel and Secretary on behalf of Amgen Ventures LLC and Amgen Inc.

05/30/2013

<sup>1.</sup> Each share of Series B preferred stock is convertible at the option of the holder into 1/3rd of a share of common stock without payment of further consideration and will automatically convert into 1/3rd of a share of common stock upon the closing of the Issuer's initial public offering without payment of further consideration. The shares have no expiration date.

<sup>2.</sup> These shares are owned directly by Amgen Ventures LLC, a wholly-owned subsidiary of Amgen Inc. (Amgen), and Amgen has the power to vote, acquire, hold and dispose of all shares. Amgen disclaims beneficial ownership of the securities except to the extent of its pecuniary interest therein.

<sup>3. 10%</sup> beneficial ownership is calculated in accordance with SEC rules based on the number of shares of the Issuer's common stock outstanding on the date hereof and the conversion of only the reporting person's shares of preferred stock. Upon the closing of the Issuer's initial public offering, the shares held by the reporting persons will represent less than 10% beneficial ownership of the outstanding shares of common stock.

\*\* 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 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.