FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

Name and Address of Reporting Person* Stagg Robert						2. Issuer Name and Ticker or Trading Symbol OncoMed Pharmaceuticals Inc [OMED]										olicable)		Person(s) to Issuer	
(Last)	(Fir	st) (N	/liddle))		3. Date of Earliest Transaction (Month/Day/Year) 10/09/2018								X	Officer (give title below)			Other (specify below)	
C/O ONCOMED PHARMACEUTICALS, INC.															SVP, Clinical R&D				
800 CHESAPEAKE DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								′ I	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															Form filed by One Reporting Person				
REDWO CITY	(A 94063													Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)																
		Table	e I - I	Non-Deriv	ative S	Secu	ırities	s Ac	quire	d, Di	sposed o	f, or B	enefici	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,			e,	3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Ins						5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				
Common	18				S ⁽¹⁾		1,686	D	\$2.12	89(2)	41,597(3)		D						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any			4. Transac Code (Ir 8)		5. Nu of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5	rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	hip (D) (ect (11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Number of Shares						

Explanation of Responses:

- 1. Pursuant to a sell-to-cover election made by the Reporting Person at the time of the initial grant of the restricted stock units ("RSU") award, the shares were sold upon the vesting of restricted stock units solely to cover applicable withholding taxes.
- 2. This transaction was executed in multiple trades in prices ranging from \$2.1082 to \$2.1289, inclusive. The price reported in Column 4 above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.
- 3. Includes 31,251 RSUs. The Reporting Person is entitled to receive one (1) share of common stock for each one (1) RSU upon the vesting thereof.

/s/ Alicia J. Hager, Attorneyin-Fact for Robert Stagg 10/10/2018

** 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.