

OMB APPROVAL	
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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

1. Name and Address of Reporting Person* <u>Shacham Sharon</u> (Last) (First) (Middle) <u>C/O KARYOPHARM THERAPEUTICS INC.</u> <u>85 WELLS AVENUE</u> (Street) <u>NEWTON MA 02459</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Karyopharm Therapeutics Inc. [KPTI]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>President & CSO</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>09/16/2019</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	09/16/2019		M ⁽¹⁾		10,000	A	\$4.752	741,134	D	
Common Stock	09/16/2019		S ⁽¹⁾		10,000	D	\$12	731,134	D	
Common Stock	09/16/2019		M ⁽²⁾		10,000	A	\$4.752	539,767	I	By Spouse
Common Stock	09/16/2019		S ⁽²⁾		10,000	D	\$12	529,767	I	By Spouse
Common Stock								29,685	I	By GRAT ⁽³⁾
Common Stock								29,685	I	By Spouse's GRAT ⁽⁴⁾

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	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
Stock Option (right to buy)	\$4.752	09/16/2019		M ⁽¹⁾			10,000	(5)	09/02/2023	Common Stock	10,000	\$0.00	470,303	D	
Stock Option (right to buy)	\$4.752	09/16/2019		M ⁽²⁾			10,000	(5)	09/02/2023	Common Stock	10,000	\$0.00	426,061	I	By Spouse

Explanation of Responses:

- These transactions were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- These transactions were effected pursuant to a Rule 10b5-1 trading plan adopted by the spouse of the reporting person.
- These shares are held by the Sharon Shacham 2016 Qualified Annuity Interest Trust.
- These shares are held by the Michael G. Kauffman 2016 Qualified Annuity Interest Trust.
- This option, representing a right to purchase a specified number of shares, vested as to 25% of the shares on September 3, 2014, and the remaining 75% vested in 36 equal monthly installments thereafter.

Remarks:

/s/Christopher B. Primiano,
Attorney-in-Fact for Sharon 09/17/2019
Shacham

** 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.