

OMB APPROVAL	
OMB Number:	3235-0287
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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>Kauffman Michael</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) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Chief Executive Officer</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>02/19/2020</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	02/19/2020		S ⁽¹⁾		8,817	D	\$16.4819 ⁽²⁾	555,122	D	
Common Stock	02/19/2020		S ⁽³⁾		8,817	D	\$16.4819 ⁽⁴⁾	756,489	I	By Spouse

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		Date Exercisable	Expiration Date					

Explanation of Responses:

- This transaction was a broker-assisted sale of shares to satisfy the payment of withholding tax liability incurred upon the vesting of restricted stock units and does not represent a discretionary trade by the reporting person.
- The sale price of the reporting person's shares represents the weighted average price of all shares sold by a broker on February 19, 2020 on behalf of a group of employees of Karyopharm Therapeutics Inc. to satisfy the payment of withholding tax liability of such employees.
- This transaction was a broker-assisted sale of shares to satisfy the payment of withholding tax liability incurred upon the vesting of restricted stock units and does not represent a discretionary trade by the spouse of the reporting person.
- The sale price of the spouse of the reporting person's shares represents the weighted average price of all shares sold by a broker on February 19, 2020 on behalf of a group of employees of Karyopharm Therapeutics Inc. to satisfy the payment of withholding tax liability of such employees.

Remarks:

/s/ Christopher B. Primiano,
Attorney-in-Fact for Michael 02/21/2020
Kauffman

** 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.