## FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20070

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP** 

wasnington,	D.C. 20549	

OIVIB APPROVAL								
OMB Number:	3235-036							
Estimated average burden								
hours per response:	1							

- 1	Section 16. Form 4 or Form 5							
_	obligations may continue. See							
	Instruction 1(b).							

Form 3	Holdings Repo	rted.											liou	ii s pei	тезропзе.	1.0
Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ad							
Name and Address of Reporting Person*     Wiley Brian			2. Issuer Name <b>and</b> Ticker or Trading Symbol  NEWLINK GENETICS CORP [ (NLNK) ]						Check all ap Dire	olicable) ctor	tor 1		L0% Owner			
(Last) (First) (Middle)  C/O NEWLINK GENETICS CORPORATION  2503 SOUTH LOOP DRIVE, SUITE 5100				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014					Year)	X Officer (give title Other (specify below)  VP of Business Development						
(Street) AMES (City)	IA (Sta		0010 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)							ine) X Forr Forr	,				
		Table	e I - Non-Deriv	ative Sec	uritie	es Acc	quire	ed, Di	sposed	of, or	Benefici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transa Code (i						ed 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Form (D) o	ership n: Direct or ect (I)	7. Nature of ndirect Beneficial Ownership (Instr. 4)				
Common	Stock											14,855(1)(2)(3)			D	
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,												
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)	of Deriv Secu Acqu (A) o Dispo	Expirative (Montle curities quired or posed D) str. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	ivative derivative curity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

1. Includes 4,275 restricted stock units ("RSUs") previously reported as holdings of the Reporting Person granted under the Issuer's 2009 Equity Incentive Plan (the "Plan"). The RSUs will vest, and shares will be delivered to the Reporting Person in a series of three successive annual installments with the next installment occurring on January 2, 2016, provided in each case that the Reporting Person's continuous service to the Issuer has not been terminated as defined in or as determined under the Plan.

Exercisable

Date

- 2. Includes 7,400 RSUs previously reported as holdings of the Reporting Person granted under the Plan. The RSUs will vest, and shares will be delivered to the Reporting Person in a series of four successive annual installments beginning on January 2, 2016, provided in each case that the Reporting Person's continuous service to the Issuer has not been terminated as defined in or as determined under the Plan.
- 3. Includes 1,169 shares acquired under the NewLink Genetics Corporation 2010 Employee Stock Purchase Plan on June 30, 2014.

## Remarks:

/s/ Ryan Trytten, attorney-in-

Shares

02/17/2015

Title

\*\* 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.