FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							. ,	or tile i			1											
1. Name and Address of Reporting Person* JAFCO Super V3 Investment Limited						2. Issuer Name and Ticker or Trading Symbol Tracon Pharmaceuticals, Inc. [TCON]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Partnership																Direc	tor	X	10% C	wner		
<u>ratule(SIII)</u>																	er (give title v)		Other below)	(specify		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 02/04/2015										v)		below)			
OTEMA																						
1-5-1 OTEMACHI, CHIYODA-KU						4. If Amendment, Date of Original Filed (Month/Day/Year) 02/05/2015									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															X Form filed by One Reporting Person					on		
TOKYO M0 100-0004															Form filed by More than One Reporting Person					orting		
(City)	(Sta	ate) (Zip)																			
		Tabl	e I - Nor	n-Deriva	tive	Sec	curitie	s Acc	quirec	l, Dis	posed o	f, or	Ben	eficia	ally (Owne	ed					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution ay/Year) if any			Deemed cution Date, ly nth/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Sec Bei Ow		ecurities eneficially wned Following		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	,	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	/2015			P ⁽¹⁾		257,95	50	A \$1		.0 1,817,670		17,670		D								
		Та									sed of, onvertib				y Ov	vned						
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)				6. Date Expirat (Month	ion Da	e Am ar) Sec Und Dei Sec		7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi Fori Dire or II (I) (I	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				c	Code V		(A)	(D)			Expiration Date	Title	or Nur of	ount nber res								

Explanation of Responses:

 $1. \ The \ transaction \ reported \ in \ this \ amended \ Form \ 4 \ was \ inadvertently \ omitted \ from \ the \ original \ Form \ 4.$

Remarks:

/s/ Patricia L. Bitar, Attorney-

02/05/2015

in-Fact

** 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.