Edgar Filing: ANTARES PHARMA, INC. - Form 4

ANTARES I	PHARMA, INC.											
Form 4												
November 1	9, 2008											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer									Expires:	January 31, 2005		
subject to		IENT O	F CHAN			CIA	LOW	NERSHIP OF	Estimated a			
	Section 16. SECURITIES							burden hours per				
Form 4 o Form 5	-	suant to '	Section 1	6(a) of th	e Securit	ies Fr	chang	e Act of 1934,	response	0.5		
obligatio	ns Section 17(-	1935 or Section	n			
may cont See Instr	linue.		of the In	•	•	- ·						
1(b).	uction				1	5						
(Print or Type I	Responses)											
LA COD LEONADD C				Name and	l Ticker or	Tradin	g	5. Relationship of Reporting Person(s) to Issuer				
JILCOD LL			Symbol $\Delta NT \Delta R$	ES PHA	RMA IN		121					
		C 1 11 \				ю. [<i>г</i>	10]	(Chec	k all applicable	:)		
(Last)	(Last) (First) (Middle) 3. Date of 1				ransaction			_X_ Director10% Owner				
C/O ANTARES PHARMA, 11/17/20				Day/Year) 008				Officer (give		er (specify		
	HILLIPS BLVD,	SUITE	11/1//20					below)	below)			
290												
	(Street)	Street) 4. If An			Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year	;)			Applicable Line)				
								X Form filed by C Form filed by M				
EWING, N.	J 08618							Person	fore than one re	porting		
(City)	(State)	(Zip)	Table	e I - Non-E	Derivative	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)		on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(1130.5)		any (Month/						Owned		Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common							\$					
Stock	11/17/2008			Р	20,000	А	ф 0.48	40,000	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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. Transactio Code (Instr. 8)	5. orNumber 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 Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									

Reporting Owner Name / Address Relationships Director 10% Owner Officer Other JACOB LEONARD S X X X X JACOB LEONARD S C/O ANTARES PHARMA, INC 250 PHILLIPS BLVD, SUITE 290 EWING, NJ 08618 X X X Signatures X X X X X X Signatures X

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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