Edgar Filing: AKORN INC - Form 4

AKORN INC	2										
Form 4											
May 06, 2014	4										
FORM	4		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							PPROVAL	
	UNIT	ED STATES		ATTIES A Shington,			IGE (COMMISSION	OMB Number:	3235-0287	
Check thi	~								Expires:	January 31,	
subject to STATEMENT OF CHANGES				GES IN I	ES IN BENEFICIAL OWNERSHIP O				Estimated average 2005		
-	Section 16. SECURITIES							burden hours per			
Form 4 or									response	. 0.5	
Form 5 obligatior		•					•	e Act of 1934,			
may conti	Section							f 1935 or Sectio	n		
See Instru	iction	30(h)) of the In	vestment	Company	Act	of 194	10			
1(b).											
(Print or Type R	(esponses)										
(The of Type is	(esponses)										
1. Name and A	ddress of Report	ing Person *	2 Issuer	Name and	Ticker or T	Frading	7	5. Relationship of	Reporting Per	son(s) to	
JOHNSON I	Symbol	2. Issuer Name and Ticker or Trading				Issuer					
AKORN INC [AKRX]											
				Pate of Earliest Transaction				(Check all applicable)			
(Last)	(14150)	(midule)	(Month/D		insaction			X Director	10%	Owner	
1925 WEST	FIELD COU	RT. SUITE						Officer (give		er (specify	
300		,	00102120					below)	below)		
	(Street)		4 If Ame	ndment Dat	e Original			6 Individual or Id	oint/Group Filir	og(Check	
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 1100(11101					_X_ Form filed by 0	1 0		
LAKE FOR	EST, IL 6004	5						Form filed by M Person	Iore than One Re	porting	
		(7.)						reison			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.				5. Amount of	6. Ownership		
Security	(Month/Day/Y	·	on Date, if		on(A) or Dis	sposed	of	Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month)	/Day/Year)	Code (Instr. 8)	(D) (Instr. 3, 4	4 and 4	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(iviointii)	(Day) (Car)	(111501.0)	(1130. 3, -	t and c	,)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock (1)	01/08/2014			G	11,500	D	\$0	81,557	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)

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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. Number of orDerivative 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 24.74	05/02/2014		A	10,753	05/02/2015	05/02/2019	Common Stock	10,753

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
JOHNSON RONALD M 1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045	Х							
Signatures								
/s/ Joseph Bonaccorsi, Attorney-in-Fact	05/06/2014							
<u>**</u> Signature of Reporting Person	Date							

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).
- (1) The shares of common stock were transferred via a bona fide gift to family members.
- (2) There was no consideration given in exchange for the security.

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.