

Neos Therapeutics, Inc.
Form 3
July 22, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Engelking Dorothy		(Month/Day/Year)	Neos Therapeutics, Inc. [NEOS]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		07/22/2015		
C/O NEOS THERAPEUTICS, INC.,Â 2940 N. HIGHWAY 360			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
GRAND PRAIRIEÂ 75050			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			VP, Regulatory Affairs	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(Instr. 5)

Series C Preferred Stock	Â (1)	Â (1)	Common Stock	416	\$ (1)	D	Â
Stock Option (Right to Buy)	Â (2)	07/01/2020	Common Stock	8,333	\$ 0.32	D	Â
Stock Option (Right to Buy)	Â (2)	10/01/2021	Common Stock	22,916	\$ 0.32	D	Â
Stock Option (Right to Buy)	Â (2)	05/03/2023	Common Stock	1,187	\$ 2.55	D	Â
Stock Option (Right to Buy)	Â (3)	02/19/2025	Common Stock	2,083	\$ 9.32	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Engelking Dorothy C/O NEOS THERAPEUTICS, INC. 2940 N. HIGHWAY 360 GRAND PRAIRIE 75050	Â	Â	Â VP, Regulatory Affairs	Â

Signatures

/s/ Benjamin Piper,
attorney-in-fact

07/22/2015

__Signature of Reporting Person Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

The Series C preferred stock is convertible into common stock on a 2.4-for-1 basis into the number of shares of common stock as shown (1) in column 3 at any time at the holder's election, and automatically upon the closing of the Issuer's initial public offering. The Series C preferred stock has no expiration date.

(2) This stock option is fully vested and exercisable.

(3) This stock option vests in equal annual installments over a three-year period which began on February 19, 2015.

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Remarks:

Exhibit List: Exhibit 24.1 - Power of Attorney

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.