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ANTARES H	PHARMA, INC.										
Form 4	-										
June 05, 201											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE C						NGE CO	OMMISSION		PROVAL		
Check thi		Washington, D.C. 20549						Number:	3235-0287		
if no long subject to Section 1 Form 4 of Form 5 obligation may cont	6. Filed pur	STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange A Section 17(a) of the Public Utility Holding Company Act of 19						Act of 1934,	Expires: Estimated a burden hour response		
See Instru 1(b).		30(h)	of the Ir	ivestment	: Compan	y Ac	t of 194()			
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> GUETH ANTON			2. Issuer Name and Ticker or Trading Symbol ANTARES PHARMA, INC. [ATRS]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N					ιο. [1		(Check all applicable)			
C/O ANTARES PHARMA, INC., 100 PRINCETON SOUTH, SUITE 300			3. Date of Earliest Transaction (Month/Day/Year) 06/03/2013					X_ Director 10% Owner Officer (give title Other (specify below) below)			
			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
EWING, NJ	08628		T neu(ivio	nui/Day/1ea	,			_X_ Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	T 1			a ,			D (* 14		
		-					_	ired, Disposed of,		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code	4. Securiti for Dispose (Instr. 3, 4 Amount	ed of ((D)	 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/03/2013			S <u>(1)</u>		D	\$ 4.0142	320,976	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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GUETH ANTON C/O ANTARES PHARMA, INC. 100 PRINCETON SOUTH, SUITE 300 EWING, NJ 08628	Х						
Signatures							
Robert F. Apple as attorney-in-fact for An Gueth	06/05/2013						
**Signature of Reporting Person		D	ate				
Explanation of Pospon	2001						

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 sale of common stock reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan.

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.