### Edgar Filing: DUSA PHARMACEUTICALS INC - Form 4

DUSA PHA Form 4 March 15, 20	RMACEUTICAL	S INC								
FORM	14					~		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		PPROVAL
	UNITED S	TATES		ITIES Al hington,			NGE (	COMMISSION	OMB Number:	3235-0287
if no long subject to Section 1 Form 4 o Form 5 obligation may cont	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								Expires: January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type I	Responses)									
1. Name and A CAROTA N	Address of Reporting P MARK	erson <u>*</u>	Symbol	Name and PHARMA			-	5. Relationship of Issuer (Chec	f Reporting Pers	
	(First) (M PHARAMCEUTI PTON DRIVE	iddle)	3. Date of (Month/Da 03/13/20	-	ansaction			Director X Officer (give below) Vice Pre		
WILMING	(Street) TON, MA 01887			ndment, Dat th/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by N Person		erson
(City)	(State) (A	Zip)	Table	- I - Non-D	erivative (	Securi	ties Acc	uired, Disposed of	f. or Beneficial	llv Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ned	3. Transactic Code (Instr. 8)	4. Securi	ties Ad	cquired d of	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of
Common Stock	03/13/2012			Code V F	Amount 2,203	or (D) D	Price \$ 5.86	Transaction(s) (Instr. 3 and 4) 189,157 (2)	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)

De Sec	Title of rivative curity str. 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
					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				
CAROTA MARK C/O DUSA PHARAMCEUTICALS, INC. 25 UPTON DRIVE WILMINGTON, MA 01887			Vice President, Operations					
Signatures								

/s/ Mark Carota 03/15/2012

\*\*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) These shares represent payment of withholding tax liability incident to the vesting of restricted stock granted March 13, 2009.
- Includes Stock Awards which vest at the rate of one-quarter of the total grant on each of the first, second, third and fourth anniversaries of (2)the date of the grant.

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.