Edgar Filing: ANTARES PHARMA, INC. - Form 4/A

ANTARES PH Form 4/A July 22, 2015	ARMA, INC.									
FORM	Л							OMB A	PPROVAL	
	UNITED	STATES		RITIES A shington			COMMISSION	N OMB Number:	3235-0287	
Check this b if no longer								Expires:	January 31, 2005	
subject to Section 16. Form 4 or						ICIAL O	Estimated burden hou response	average Jrs per		
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940										
(Print or Type Resp	ponses)									
1. Name and Address of Reporting Person <u>*</u> GRAHAM PETER J			2. Issuer Name and Ticker or Trading Symbol ANTARES PHARMA, INC. [ATH				5. Relationship of Reporting Person(s) to Issuer RS]			
(Last)	(First) (Middle)					(Che	eck all applicabl	e)	
C/O ANTARES PHARMA, INC., 100 PRINCETON SOUTH,			3. Date of Earliest Transaction (Month/Day/Year) 07/14/2015				Director 10% Owner X Officer (give title Other (specify below) below) SVP General Counsel, Secretary			
SUITE 300							511 000	erai Counsei, Se	cretary	
Filed(M				If Amendment, Date Original iled(Month/Day/Year) 7/16/2015			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
EWING, NJ 08	8628						Person	More than One K	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	Transaction Date onth/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report	on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					inforn requii	nation cont ed to response ays a current	spond to the colle ained in this form ond unless the for ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible	Beneficially Owned securities)	1		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities

Edgar Filing: ANTARES PHARMA, INC. - Form 4/A

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		quired (A) or posed of (D)		(Instr. 3 and 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 2.29	07/14/2015		А		125,000 (1)		(2)	07/14/2025	Common Stock	125,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GRAHAM PETER J C/O ANTARES PHARMA, INC. 100 PRINCETON SOUTH, SUITE 300 EWING, NJ 08628			SVP General Counsel, Secretary				
Signatures							

/s/ Peter J.	07/22/2015			
Graham	0772272013			
**C:	Data			

Signature of

Date

Reporting Person

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).
- Represents grant of options to purchase shares of common stock, par value of \$0.01 per share, issued under the Antares Pharma, Inc. 2008 (1) Equity Compensation Plan.
- (2) The options vest in equal quarterly installments over three years from the date of 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.