Edgar Filing: ANTARES PHARMA, INC. - Form 4

	HARMA, INC.										
Form 4)15										
August 17, 20										PPROVAL	
FORM	4 UNITED S	TATES S		ITIES A hington,			COMMISSION		3235-0287		
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	Filed purs Section 17(a	STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1940							Expires: Estimated a burden hou response	January 31 Expires: 200 Estimated average burden hours per response 0.	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> ROCHE ROBERT P JR			2. Issuer Name and Ticker or Trading Symbol ANTARES PHARMA, INC. [ATRS]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M			Earliest Tra		L		(Check all applicable)			
C/O ANTARES PHARMA, INC., 100 PRINCETON SOUTH, SUITE 300			Month/Da 8/13/20	-				X Director Officer (give below)		o Owner er (specify	
	(Street)	(Street) 4. If Amendme Filed(Month/Da						 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
EWING, NJ	08628								Iore than One Re		
(City)	(State) (Zip)	Table	e I - Non-De	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price				• • •	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	08/13/2015			P	5,000	A	\$ 1.94	33,172	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)	3A. Deemed 4. Execution Date, if Transaction any Code (Month/Day/Year) (Instr. 8)		5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
Rend	orting Owner	Name / Address	R	elationship)S						

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Reporting Owner Name / Address Director 10% Owner Officer Other ROCHE ROBERT P JR C/O ANTARES PHARMA, INC. Х 100 PRINCETON SOUTH, SUITE 300 **EWING, NJ 08628** Signatures James E. Fickenscher as attorney-in-fact for Robert P. 08/13/2015 Roche **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).

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.