Edgar Filing: ANTARES PHARMA, INC. - Form 4

ANTARES P	HARMA, INC.										
Form 4	~ 4										
August 12, 20											
FORM		RITIES AND EXCHANGE COMMISSIO Shington, D.C. 20549					OMB APPROVAL OMB 3235-0 Number:				
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	er STATEM 5. Filed purs ¹⁵ Section 17(a	suant to Sec a) of the Pub	NT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ant to Section 16(a) of the Securities Exchange Act of 1934, of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						January 3 20 Estimated average burden hours per response 0		
(Print or Type R	esponses)										
SAMSON MARVIN Symbol			mbol	er Name and Ticker or Trading RES PHARMA, INC. [ATRS]				5. Relationship of Reporting Person(s) to Issuer			
	(First) (M RES PHARMA, RINCETON SOU	(N 08	Date of Earli Ionth/Day/Ye 3/11/2014		ansaction			X Director Officer (give t below)) Owner r (specify	
				endment, Date Original nth/Day/Year)				 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	08628							Person	ore man one ke	porting	
(City)	(State) ((Zip)	Table I - N	Non-D	erivative S	Securi	ties Acqu	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ate, if Tran Code 'Year) (Inst	e	4. Securit n(A) or Dis (Instr. 3, 4)	sposed	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	08/11/2014		Р		25,000	A	\$ 1.996	52,778	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,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
Repo	rting C	Owners	Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owner Name / Address	Kelationships						
	Director	10% Owner	Officer	Other			
SAMSON MARVIN C/O ANTARES PHARMA, INC. 100 PRINCETON SOUTH, SUITE 300 EWING, NJ 08628	Х						
Signatures							
Robert F. Apple as attorney-in-fact for M Samson	08/12/2014						
<u>**</u> 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.

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