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ANTARES P	PHARMA, INC.										
Form 4											
August 07, 20											
FORM	4 UNITED	STATES	ES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549						OMB AF OMB Number:	PROVAL 3235-0287	
Check thi if no long subject to Section 10 Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b).	6. Filed pur 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								January 31, Expires: 2005 Estimated average burden hours per response 0.5	
(Print or Type R	Responses)										
Wotton Paul K Symbo			Symbol	. Issuer Name and Ticker or Trading mbol NTARES PHARMA, INC. [AIS]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	Middle)	3. Date of	f Earliest Tr	ansaction	-	-	(Check	c all applicable	e)	
(Month/				onth/Day/Year) 06/2008				X Director 10% Owner X Officer (give title Other (specify below) below) President and COO			
	(Street)			ndment, Da nth/Day/Year	-			6. Individual or Jo Applicable Line) _X_ Form filed by O			
EWING, NJ	08618							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code	4. Securitie on(A) or Disp (Instr. 3, 4 a Amount	osed o	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)		
Common Stock	08/06/2008			А	100,000 (1)	А	<u>(2)</u>	129,091	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)

Director

Х

10% Owner

3. Transaction Date 3A. Deemed

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4.

TransactionDerivative Derivative Conversion (Month/Day/Year) Execution Date, if **Expiration Date Underlying Securities** (Month/Day/Year) (Instr. 3 and 4) Security or Exercise any Code Securities Price of (Month/Day/Year) (Instr. 8) Acquired (A) or (Instr. 3) Derivative Disposed of (D) Security (Instr. 3, 4, and 5) Amount or Date Expiration Title Number of Date Exercisable (D) Code V (A) Shares Stock Option Common (3) 08/05/2018 \$ 0.8 08/06/2008 400,000 400,000 Α Stock (right to buy)

Relationships

Officer

President and COO

5. Number of

6. Date Exercisable and

Other

7. Title and Amount of

Reporting Owners

Reporting Owner Name / Address

C/O ANTARES PHARMA, INC.

250 PHILLIPS BLVD, SUITE 290

1. Title of

2

	-	-				
**	Intentional misstatements or omission	ns of fa	cts constitute Federal	Criminal Viola	ations. See 18 U.S.C.	1001 and 15 U.S.C. 78ff(a).

Represents grant of shares of restricted common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity
 (1) Compensation Plan pursuant to Dr. Wotton's employment agreement dated July 7, 2008. The shares vest in equal annual installments over three years.

(2) Not applicable.

Wotton Paul K

Represents grant of options to purchase shares of common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008(3) Equity Compensation Plan pursuant to Dr. Wotton's employment agreement dated July 7, 2008. The options vest in equal annual installments over three years.

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.