### Edgar Filing: CorMedix Inc. - Form 4

CorMedix Inc	2.									
Form 4	17									
March 22, 20										
FORM	4 UNITED S	TATES	SECUR	TTIFS A	ND FXC	HANGE	COMMISSION	т	PPROVAL	
	UNITEDS	TAILS		hington,				OMB Number:	3235-0287	
Check this			• • <b>u</b> b		<b>D</b> .C. <b>2</b> 00	.,			January 31,	
if no longe	er STATEM	ENT OI	F CHAN	GES IN I	Expires. 2005					
subject to Section 16				SECUR	ITIES				Estimated average burden hours per	
Form 4 or								response	•	
Form 5 obligation	~ <b>^</b>					-	ge Act of 1934,			
may contin				•		. •	f 1935 or Sectio	n		
See Instruc		30(h)	of the Inv	vestment	Company	Act of 19	40			
1(b).										
(Print or Type R	esponses)									
× 51	1 /									
	ldress of Reporting P	erson <u>*</u>	2. Issuer	Name and	Ticker or T	rading	5. Relationship of Reporting Person(s) to			
Duffy Matthew			Symbol				Issuer			
			CorMed	ix Inc. [C	RMD]		(Check all applicable)			
(Last)	(First) (M	liddle)	3. Date of Earliest Transaction				(check an apprendic)			
			(Month/Day/Year)				XDirector10% Owner			
C/O CORMEDIX INC., 745 ROUTE			02/12/2016				Officer (give title Other (specify below) below)			
202-206, SU	ITE 303						,	,		
(Street)			4. If Amer	ndment, Dat	e Original		<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
	Filed(Mon	th/Day/Year)								
BRIDGEWA	TER, NJ 08807						Form filed by I			
DRIDGEWA	TLR, NJ 00007						Person			
(City)	(State) (	Zip)	Table	e I - Non-Do	erivative S	ecurities Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Dee	med	3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		on Date, if		onAcquired		Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5)		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(monula	Day (msu. o) (msu.			r und 5)	Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported			
						or	Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D) Price	(insure and i)			
Common Stock										
							53 223	D		
-							55,225			
share										
Stock, \$0.001 par value per							53,223	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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# 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 Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number prof Derivativ Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	ve Exp (Mo	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	Date Exer	e rcisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 2.02						<u>(1)</u>	01/09/2024	Common Stock, \$0.001 par value per share	150,000
Stock Option (right to buy)	\$ 2.02						(2)	01/09/2024	Common Stock, \$0.001 par value per share	30,000
Stock Option (right to buy)	\$ 0.9						<u>(3)</u>	03/20/2023	Common Stock, \$0.001 par value per share	100,000
Stock Option (right to buy)	\$ 0.68						<u>(4)</u>	12/05/2022	Common Stock, \$0.001 par value per share	125,000
Warrant (right to purchase Common Stock)	\$ 0.4					11/	13/2012	11/13/2017	Common Stock, \$0.001 par value per share	25,000
Stock Option (right to buy)	\$ 0.29						<u>(2)</u>	01/06/2022	Common Stock, \$0.001 par value per share	5,000
Stock Option (right to buy)	\$ 0.28						<u>(6)</u>	11/21/2021	Common Stock, \$0.001 par value	15,000

							per share	
Stock Option (right to buy)	\$ 5.62				(2)	03/01/202	Common Stock, 5 \$0.001 par value per share	50,000
Phantom Stock	<u>(7)</u>				(7)	<u>(7)</u>	Common Stock, \$0.001 par value per share	594
Stock Option (right to buy)	\$ 1.91				(2)	02/21/202	Common Stock, 6 \$0.001 par value per share	75,000
Phantom Stock	<u>(7)</u>	02/12/2016	A	1,653 (8)	(7)	<u>(7)</u>	Common Stock, \$0.001 par value per share	1,653

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Duffy Matthew C/O CORMEDIX INC. 745 ROUTE 202-206, SUITE 303 BRIDGEWATER, NJ 08807	Х			
Signatures				
				-

Alexander M. Donaldson, with a Power of Attorney for Matthew P. Duffy	03/22/2016
**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 options vested 100% on January 10, 2014.
- (2) These options vest in full on the first anniversary of the date of grant.
- (3) These options vest quarterly over two years.
- (4) These options vest as follows: (a) fifty percent (50%) on the date of issuance of the CE Mark certification for Neutrolin in Europe, which occurred on July 5, 2013, and (b) fifty percent (50%) on December 31, 2013.

(5)

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On November 13, 2012, the reporting person acquired in a private placement \$10,000 of (a) 9% Senior Convertible Notes, convertible into shares of the Company's common stock at a conversion price of \$0.35 per share, and (b) a five-year redeemable warrant to purchase common stock at an exercise price of \$0.40 per share.

- (6) The options vest ratably, one-third of which will vest on each of the grant date, the first anniversary and the second anniversary thereof.
- (7) Each share of phantom stock is the economic equivalent of one share of common stock. The shares of phantom stock become payable in common stock on the tenth business day of January of the year following the reporting person's termination of service as a directo
- (8) These shares were credited automatically to the reporting person's account pursuant to the reporting person's election to defer the receipt of cash compensation of director's fees.

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.