DAVE KAUSHIK J Form 4 July 10, 2012

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287

Check this box if no longer subject to Section 16. Form 4 or

Number: January 31, Expires: 2005

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

response...

Form 5 obligations may continue. See Instruction

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 1940

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1(b).

(Print or Type Responses)

1. Name and A DAVE KAU	Symbol	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		ANTAR	ANTARES PHARMA, INC. [ATRS			TRS]	Check all applicable)			
	(First) (M RES PHARMA, RINCETON SOU	(Month/D 07/06/20	3. Date of Earliest Transaction (Month/Day/Year) 07/06/2012				Director 10% Owner Specify below) Executive Vice President			
		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
EWING, NJ	08628						Form filed by I Person	More than One Re	eporting	
(City)	(State)	Zip) Table	e I - Non-Do	erivative S	ecuritie	s Acq	uired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securition(A) or Dis (D) (Instr. 3, 4) Amount 21,127	sposed of 4 and 5) (A) or		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)	
Stock	07/06/2012		A	(1)	Α .	(2)	213,721 (3)	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)

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 4.26	07/06/2012		A	34,112 (4)	<u>(5)</u>	07/05/2022	Common Stock	34,112

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

DAVE KAUSHIK J C/O ANTARES PHARMA, INC. 100 PRINCETON SOUTH, SUITE 300 EWING, NJ 08628

Executive Vice President

Signatures

Robert F. Apple as attorney-in-fact for Kaushik J.

Dave 07/10/2012

**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).
- Represents the target number of shares Dr. Dave may receive pursuant to the terms of the performance stock unit award made to Dr. Dave (1) under the 2008 Equity Compensation Plan if certain performance golas are attained over the three-year period beginning January 1, 2012 and ending December 31, 2014 and Dr. Dave continues in employment with the Company through that period.
- (2) Not applicable
- (3) Represents the total number of shares owned plus all outstanding unearned or unvested shares granted less the number of shares used to fulfill tax withholding obligations when certain shares previously granted became taxable after they were earned or vested.
- (4) Represents grant of options to purchase shares of common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan.
- (5) The options vest in equal quarterly 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.

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