#### ANTARES PHARMA, INC.

Form 4 April 04, 2017

### FORM 4

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

**OMB** 

**OMB APPROVAL** 

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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * GARRITY THOMAS J			2. Issuer Name <b>and</b> Ticker or Trading Symbol ANTARES PHARMA, INC. [ATRS]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last) (First) (		(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
C/O ANTAR INC., 100 PF SUITE 300			(Month/Day/Year) 03/31/2017	X Director 10% Owner Officer (give title below) below)		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
EWING, NJ 08628			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acq	quired, Disposed of, or Beneficially Owned		

						-	´ • ·		•
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or			Beneficially For Owned Dispersion or Reported (I) Transaction(s) (In	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial ) Ownership	
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Common Stock	03/31/2017		M(1)	30,000	A	\$ 1.65	190,213	D	
Common Stock	03/31/2017		S <u>(1)</u>	30,000	D	\$ 2.9092	160,213	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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 of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	rivative Expiration Date curities (Month/Day/Year) quired (A) Disposed of ) str. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		3 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 1.65	03/31/2017		M <u>(1)</u>	30,000	<u>(2)</u>	05/10/2017	Common Stock	30,000	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
GARRITY THOMAS J						
C/O ANTARES PHARMA, INC.	X					
100 PRINCETON SOUTH, SUITE 300	Λ					
EWING, NJ 08628						

## **Signatures**

/s/Keith Muckenhirn as attorney-in-fact for Thomas J. 04/04/2017 Garrity

> \*\*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).
- The stock option exercise and sale of common stock reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan. The **(1)** exercised stock option reported on this Form 4 was due to expire on May 10, 2017.
- (2) The options vested and became exercisable in four equal quarterly installments following the grant date of May 10, 2007.

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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