Edgar Filing: Anthera Pharmaceuticals Inc - Form 4

Anthera Pha Form 4	armaceuticals Inc											
June 13, 20	16											
FORM		статр	SECU	DITIES	AND EV	CHAN	GE COMMISSI			PPROVA	L	
		SIAIES		ashington			JE COMINIISSI	UN	OMB Number:	3235-	0287	
	Check this box							~ -	Expires:	January 31, 2005		
subject	to SIAIEN	AENT O	OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated	average	verage	
Section 16.SECURITIESburden hours per responseForm 4 orresponse0.5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.5obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section0.5See Instruction30(h) of the Investment Company Act of 19400.5										0.5		
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> TRUEX PAUL F			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
			Anthera Pharmaceuticals Inc [ANTH]				(Check all applicable)					
(Last)	(First) (Middle)		of Earliest T	Fransaction		Director Officer			% Owner her (specify		
25801 IND B	(Month/Day/Year) 06/09/2016				below) below) Chief Executive Officer							
	(Street)			endment, D onth/Day/Yea	-	al	6. Individual Applicable Lin _X_ Form filed	ne) d by O	ne Reporting P	erson		
HAYWAR	D, CA 94545						Person	і бу м	ore than One R	eporting		
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivative	Securitie	s Acquired, Dispos	ed of,	or Beneficia	ally Owned	I	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Fc (L (L	Ownership orm: Direct)) or Indirect) nstr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	1	
Reminder: Re	port on a separate line	e for each cl	lass of sec	urities bene	eficially ow	ned direct	ly or indirectly.					
					Perso infor requi	ons who nation co red to res ays a cur	respond to the co ontained in this fo spond unless the rently valid OMB	orm a form	ire not 1	SEC 1474 (9-02)		
	Tab						or Beneficially Ow le securities)	ned				
		action Date /Day/Year)			4. Transact	5. Num iorDerivati					nd Amount of ng Securities	

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (Disposed o (Instr. 3, 4 5)	of (D)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 3.52	06/09/2016		А	300,000		<u>(1)</u>	06/09/2026	Common Stock	300,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
TRUEX PAUL F 25801 INDUSTRIAL BLVD SUITE B HAYWARD, CA 94545			Chief Executive Officer				
Signatures							

/s/ Paul Truex 06/13/2016 **Signature of Date

Reporting Person

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).
- This stock option vests monthly over four years beginning January 1, 2016 (the Vesting Start Date). The Stock Option is completely (1) vested on the fourth anniversary of the vesting start date and will expire on June 9, 2026.

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.