

Boyd Steven
Form 4
February 09, 2018

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
ARMISTICE CAPITAL, LLC

(Last) (First) (Middle)

510 MADISON AVENUE, 22ND FLOOR

(Street)

NEW YORK, NY 10022

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
ALIMERA SCIENCES INC [ALIM]

3. Date of Earliest Transaction
(Month/Day/Year)
02/02/2018

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___X___ 10% Owner
___ Officer (give title below) ___ Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

___ Form filed by One Reporting Person
X Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, 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. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 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 Ownership (Instr. 4) | | | |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|-----------|--------------|-------------------------|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Common Stock | 02/02/2018 | | P | | 8,000 | A | \$ 1.16 | 6,924,000 | D <u>(1)</u> | |
| Common Stock | 02/02/2018 | | P | | 0 | A | \$ 0 | 6,924,000 | I | See Footnote <u>(2)</u> |
| Common Stock | 02/02/2018 | | P | | 0 | A | \$ 0 | 6,924,000 | I | See Footnote <u>(2)</u> |
| Common Stock | 02/05/2018 | | P | | 4,000 | A | \$ 1.14 | 6,928,000 | D <u>(1)</u> | |
| | 02/05/2018 | | P | | 0 | A | \$ 0 | 6,928,000 | I | |

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| | | | | | | | | | |
|--------------|------------|--|---|-------|---|---------|-----------|-------|------------------|
| Common Stock | | | | | | | | | See Footnote (2) |
| Common Stock | 02/05/2018 | | P | 0 | A | \$ 0 | 6,928,000 | I | See Footnote (2) |
| Common Stock | 02/06/2018 | | P | 8,000 | A | \$ 1.12 | 6,936,000 | D (1) | |
| Common Stock | 02/06/2018 | | P | 0 | A | \$ 0 | 6,936,000 | I | See Footnote (2) |
| Common Stock | 02/06/2018 | | P | 0 | A | \$ 0 | 6,936,000 | I | See Footnote (2) |

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.

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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. Transaction Code (Instr. 8) | 5. Number of Derivative 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) | 8. Price of Derivative Security (Instr. 5) | 9. Nu... |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|----------------------------|
| | | | | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| | | | | Code | V (A) (D) | | | | |

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

ARMISTICE CAPITAL, LLC
 510 MADISON AVENUE
 22ND FLOOR
 NEW YORK, NY 10022

X

Armistice Capital Master Fund Ltd.
 C/O DMS CORPORATE SERVICES LTD. X
 20 GENESIS CLOSE, P.O. BOX 314
 GRAND CAYMAN, E9 KY1-1104

Boyd Steven
 C/O ARMISTICE CAPITAL, LLC X
 510 MADISON AVENUE, 22ND FLOOR
 NEW YORK, NY 10022

Signatures

Armistice Capital, LLC, By: /s/ Steven Boyd, Managing Member 02/09/2018

__Signature of Reporting Person Date

Armistice Capital Master Fund, Ltd., By: /s/ Steven Boyd, Director 02/09/2018

__Signature of Reporting Person Date

/s/ Steven Boyd 02/09/2018

__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) The reported securities are directly owned by Armistice Capital Master Fund, Ltd.

The reported securities are directly owned by Armistice Capital Master Fund, Ltd., a Cayman Islands corporation, and may be deemed to be indirectly beneficially owned by Armistice Capital, LLC, as the investment manager of Armistice Capital Master Fund, Ltd. The reported securities may also be deemed to be indirectly beneficially owned by Steven Boyd as Managing Member of Armistice Capital,

(2) LLC and Director of Armistice Capital Master Fund, Ltd. Armistice Capital, LLC and Steven Boyd disclaim beneficial ownership of the reported securities except to the extent of their respective pecuniary interest therein, and this report shall not be deemed an admission that either of them are the beneficial owners of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

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.