## Edgar Filing: ANTARES PHARMA, INC. - Form 4

ANTARES PH	HARMA, INC	Ζ.									
Form 4											
January 14, 20	)14										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL		
								JMMISSION	OMB	3235-0287	
Check this	inigion, D	.C. 2054	9			Number:	January 31,				
if no longe	r stati	TMENT O	F CHANG	FS IN B	FNFFIC	TAT.	OWN	FRSHIP OF	Expires:	2005	
subject to Section 16.				GES IN BENEFICIAL OWNI SECURITIES					Estimated average		
Form 4 or					1110				burden hours per response 0.5		
Form 5	Filed p	oursuant to	Section 16	(a) of the	Securitie	s Exc	hange	Act of 1934,	100001100	0.0	
obligations	Section 1						•	1935 or Section	1		
may contin See Instruc		30(h)	of the Inv	estment C	ompany	Act o	f 1940	)			
1(b).											
(Duint an Tana Da	)										
(Print or Type Re	sponses)										
1. Name and Ad	dress of Reportin	ng Person <sup>*</sup>	2. Issuer N	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
APPLE ROB	Symbol						Issuer				
	•	ES PHAR	MA, INC	. [AT	[RS]	(Chaole all and include)					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check						k all applicable)		
		(	(Month/Day					Director 10% Owner			
C/O ANTAR	ES PHARMA	Α,	01/10/201	)14				XOfficer (give titleOther (specify below)			
INC., 100 PR	INCETON S	OUTH,						below) Executive V	ice President &	& CFO	
SUITE 300											
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)				
File				• •							
								_X_ Form filed by O Form filed by M			
EWING, NJ (	08628							Person		F8	
(City)	(State)	(Zip)	Table	I - Non-Der	vivative Se	curitie	es Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. De	eemed	3.	4. Securit			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Y		tion Date, if Transaction(A) or Dis			• · ·			Ownership Form:	Indirect	
(Instr. 3)		any (Mont	Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8)					Beneficially Owned	Beneficial Ownership		
		(infolit	ii Duj, i cui)	(Instr. 0)				Following	Direct (D) or Indirect	(Instr. 4)	
						(A)		Reported	(I)		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
COMMON				Code V	Amount	(D)	Price	(1104170 4110 1)			
COMMON	01/10/2014			<b>M</b> (1)	10,000	А	\$ 0.47	378,918	D		
STOCK							0.47				
COMMON	01/10/2014			<b>S</b> (1)	10,000	D	\$5	368,918	D		
STOCK	01/10/2014				10,000		ψJ	500,710	2		

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 of onDerivative 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)	\$ 0.47	01/10/2014		M <u>(1)</u>	10,000	(2)	11/12/2018	COMMON STOCK	10,000

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
APPLE ROBERT F C/O ANTARES PHARMA, I 100 PRINCETON SOUTH, S EWING, NJ 08628				Executive Vice President & CFO				
Signatures								
Robert F. Apple (	01/14/2014							

<u>\*\*</u>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 stock option exercises and sales of common stock reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- (2) The options vested in equal quarterly installments over three years following the grant date.

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.