Edgar Filing: SADOWSKI PETER L - Form 4

SADOWSKI	PETER L											
Form 4												
November 13	3, 2009											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi						Expires:	January 31,					
if no longer subject to Section 16.				IANGES IN BENEFICIAL OW SECURITIES				NERSHIP OF	Estimated a	•		
	Form 4 or						burden hours per response 0.5					
Form 5	Filed p	oursuant to	Section 16	6(a) of the	e Securiti	es Ex	chang	ge Act of 1934,				
obligatior may conti		7(a) of the	Public Ut	ility Hold	ling Com	pany	Act of	f 1935 or Sectio	n			
See Instru 1(b).		30(h)	of the Inv	vestment	Company	Act	of 194	40				
(Print or Type R	Responses)											
				2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
	-	ES PHAI	RMA, IN	C. [A	IS]	(Check all applicable)						
(Last)	(Last) (First) (Middle) 3. Date				of Earliest Transaction				(Check an applicable)			
			(Month/D	ay/Year)				Director		Owner		
	RES PHARMA BLVD, SUITE		11/12/20)09				_X_ Officer (give below) Senio	below) below) or Vice Presider	er (specify nt		
			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mon	Filed(Month/Day/Year)				Applicable Line)				
EWING, NJ	08618							_X_ Form filed by 0 Form filed by N Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction I	Date 2A. Dee		3.				5. Amount of	6. Ownership	-		
Security	(Month/Day/Ye	ar) Execution	on Date, if	-				Securities	Form: Direct			
(Instr. 3)		any (Month/	Day/Vear)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(monu)	Day/ 1 cal)					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(Illsu. 5 allu 4)				
Common Stock	11/12/2009			А	12,500 (1)	А	<u>(2)</u>	62,500	D			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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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. Transactio Code (Instr. 8)	TransactionDerivative Code Securities		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)	\$ 1.1	11/12/2009		А	75,000 (<u>3)</u>	(4)	11/11/2019	Common Stock	75,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SADOWSKI PETER L C/O ANTARES PHARMA INC 250 PHILLIPS BLVD, SUITE 290 EWING, NJ 08618			Senior Vice President				
Signatures							
Robert F. Apple as attorney-in-fact f Sadowski	for Peter		11/13/2009				
<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) Represents grant of common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan based on achievement of a performance goal previously established.
- (2) Not applicable
- (3) 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.
- (4) 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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