Anika Therapeutics, Inc. Form 4 February 05, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB 2225

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

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

may continue. *See* Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Middle)

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person <u>*</u> Thompson Jeffery S

(First)

(Street)

2. Issuer Name **and** Ticker or Trading

Symbol

Anika Therapeutics, Inc. [ANIK]

3. Date of Earliest Transaction

(Month/Day/Year) 02/03/2015

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

_X__ Director _____ 10% Owner ____ Officer (give title ____ Other (specify below)

6. Individual or Joint/Group Filing(Check

Applicable Line)
X Form filed by One Reporting Person
___ Form filed by More than One Reporting

Person

BEDFORD, MA 01730

32 WIGGINS AVENUE

(City) (State) (Zip)

1.Title of 2. Transaction Date 2A. Deemed

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Security (Month/Day/Year) Execution Date, if Transaction Code (Month/Day/Year) (Instr. 3) Code (Month/Day/Year) (Instr. 8)

3. 4. Securities
TransactionAcquired (A) or
Code Disposed of (D)
(Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following 6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

 $\begin{array}{ccc} & & & \text{Code} & \text{V} & \text{Amount} \\ \text{Common} & & & \\ \text{Stock} & ^{(1)} & & & \\ \text{A} & & 1,511 & \\ \end{array}$

A 1,511 A \$ 0 12,587

(A)

or

D

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)

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| 1. Title of | 2. | 3. Transaction Date (Month/Day/Year) | | 4. | 5. | 6. Date Exercises Date Expiration Da | | 7. Title and | 8. Price of | 9. Nu Derix |
|--------------------------------------|---|--------------------------------------|------------------|---------------------------------|--|--------------------------------------|--------------------|---|--------------------------------------|--|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Tear) | (Month/Day/Year) | Transacti Code (Instr. 8) | orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | | Amount of Underlying Securities (Instr. 3 and 4) | Derivative Security (Instr. 5) | Deriv Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | , , | | Expiration Date | Title Amount or Number of | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| 1 8 | Director | 10% Owner | Officer | Other | | | |
| Thompson Jeffery S 32 WIGGINS AVENUE BEDFORD, MA 01730 | X | | | | | | |

Signatures

/s/ Charles H. Sherwood, Attorney-in-fact 02/05/2015

**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) Each restricted stock unit represents a contingent right to receive one share of Anika Therapeutics, Inc. common stock. The restricted stock units vest in four equal annual installments beginning February 3, 2016.

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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