## Edgar Filing: REPROS THERAPEUTICS INC. - Form 4

REPROS TI Form 4 May 15, 200	HERAPEUTICS	INC.	5							
FORM	ЛЛ								PPROVAL	
_	STATES		RITIES A	N OMB Number:	3235-0287					
Check th if no lon subject t Section Form 4 o Form 5 obligatio	<b>MENT OI</b> rsuant to S	Section	SECUI	Estimated burden hou response	Estimated average burden hours per response 0.5					
may con See Instr 1(b).	tinue. Section 17			•	•	npany Act 19 Act of 1	of 1935 or Secti 940	on		
(Print or Type	Responses)									
1. Name and A Masterson	g Person <u>*</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol <b>REPROS THERAPEUTICS INC.</b>				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			[RPRX	[]			(eneer an approacte)			
(Last) (First) (Middle) 768 WEST CALIFORNIA WAY			<ol> <li>Date of Earliest Transaction (Month/Day/Year)</li> <li>05/14/2008</li> </ol>				X_ Director 10% Owner Officer (give title Other (specify below) below)			
Ι				endment, D onth/Day/Yea	-	ıl	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
WOODSIL	DE, CA 94062						Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code (Instr. 8)		(A) or of (D) 4 and 5) (A) or	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 Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price				
Reminder: Rep	port on a separate lin	e for each cl	ass of sec	urities bene	Perso inform requir	ns who res nation cont red to respo	or indirectly. spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Der
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Sec

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year) (Instr		([		d d of , 4,				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 8.72	05/14/2008		A		5,000		<u>(1)</u>	05/13/2018	Common Stock	5,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Masterson Nola E 768 WEST CALIFORNIA WAY WOODSIDE, CA 94062	Х						
Signatures							
/s/ Louis Ploth, Jr., Attorney-in-fact	05/2	15/2008					
**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).

The option vests and becomes exercisable as to 100% of the shares subject to the option upon the Annual Meeting of the Stockholders of(1) the issuer following the date of grant so long as the Reporting Person remained a director of Repros Therapeutics Inc. up to the date of the Annual Meeting.

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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