Edgar Filing: ANTARES PHARMA, INC. - Form 4

	S PHARMA, INC.										
Form 4 June 01, 20	015										
FOR	М Л								OMB APPROVAL		
	UNITED	STATES		SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					3235-0287		
Check if no lo subject Sectior Form 4 Form 5	t to SIAIEN n 16. 4 or	MENT OF	Number: Expires: Estimated burden ho response.	urs per							
-		(a) of the H	Public U	tility Hol	lding Co		nge Act of 1934, of 1935 or Sectio 940	'n			
(Print or Type	e Responses)										
1. Name and SAMSON	2. Issuer Name and Ticker or Trading Symbol ANTARES PHARMA, INC. [ATRS				5. Relationship of Reporting Person(s) to Issuer						
(Last)	(Last) (First) (Middle)			of Earliest T	ransaction		(Check all applicable)				
	ARES PHARMA, PRINCETON SO 0	UTH,	(Month/I 05/28/2	Day/Year) 2015			X Director Officer (give below)		% Owner her (specify		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
EWING, N	NJ 08628						Person	More than One F	Reporting		
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	e Securities A	cquired, Disposed o	f, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) or l of (D)	SecuritiesIBeneficially(Owned(6. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: R	eport on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly o	or indirectly.				
					infor requi	mation cont red to respo ays a curre	spond to the collec ained in this form ond unless the for ntly valid OMB cor	are not m	SEC 1474 (9-02)		
	Tab					sposed of, or convertible s	Beneficially Owned securities)				
1. Title of Derivative		saction Date /Day/Year)			4. Transac	5. Number tionDerivative			7. Title and Amount of Underlying Securities		

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Security (Instr. 3)			any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Stock option (right to buy)	\$ 2.18	05/28/2015		А	99,395 (1)	(2)	05/27/2025	Common Stock	99,395			
Reporting Owners												
Reporting Owner Name / Address Relationships												
			Director 10%	Owner	Officer Other							
C/O ANT		MA, INC. JTH, SUITE 300	₀ x									
Signa	tures											
Jennifer I Samson	Evans Stacey	as attorney-in-fa	act for Marvin		06/01/2015							
	<u>**</u> Signatu	re of Reporting Person	n		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 options to purchase shares of common stock, par value of \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan.
- (2) The options vest in equal quarterly installments over one year.
- (3) Not applicable

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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