JACOB LEONARD S Form 4

Check this box

if no longer

obligations

may continue.

See Instruction

April 10, 2019

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

January 31, 2005

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**OMB APPROVAL** 

response...

subject to Section 16. Form 4 or Form 5

**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

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading JACOB LEONARD S Issuer Symbol ANTARES PHARMA, INC. [ATRS] (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) C/O ANTARES PHARMA. 04/08/2019

\_X\_\_ Director 10% Owner \_ Other (specify Officer (give title

(Check all applicable)

INC., 100 PRINCETON SOUTH, **SUITE 300** 

> (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

Person

**EWING, NJ 08628** 

(City)

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative Sec	urities Acqui	red, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	Onor Disposed of (Instr. 3, 4 and (A	` ′	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)
Common Stock	04/08/2019		M(1)	62,078 A		301,970	D	
Common Stock	04/08/2019		M <u>(1)</u>	30,000 A	\$ 0.53	331,970	D	
Common Stock	04/08/2019		S <u>(1)</u>	92,078 D	\$ 3.0001	239,892	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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**SEC 1474** (9-02)

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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 on Derivative 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)	\$ 0.53	04/08/2019		M <u>(1)</u>	62,078	(2)	05/14/2019	Common Stock	62,078
Stock Option (right to buy)	\$ 0.53	04/08/2019		M(1)	30,000	(2)	05/14/2019	Common Stock	30,000

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

JACOB LEONARD S

C/O ANTARES PHARMA, INC.
100 PRINCETON SOUTH, SUITE 300

EWING, NJ 08628

## **Signatures**

/s/ Keith Muckenhirn as attorney-in-fact for Leonard S.

Jacob

04/10/2019

\*\*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 sale of common stock reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan. The stock options were due to expire on May 14, 2019.
- (2) The options vested and became exercisable in four equal quarterly installments following the grant date of May 14, 2009.

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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