Khan Mehmood Form 4 February 20, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

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January 31, Expires: 2005

OMB APPROVAL

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obligations

Check this box

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. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Stock

(Print or Type Responses)

Khan Mehmo	Symbol	2. Issuer Name and Ticker or Trading Symbol CorMedix Inc. [CRMD]				Issuer (Check all applicable)			
	CorMed								
(Last)	(First) (M	, , , , , , , , , , , , , , , , , , , ,	Earliest Tra	ansaction		Director			
	EDIX INC., 1430 206, SUITE 200	*	(Month/Day/Year) 02/16/2018					Wowner or (specify	
	4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
		Filed(Mon	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person		
BEDMINSTI	ER, NJ 07921					Form filed by Person	More than One Ro	eporting	
(City)	(State) (Z	Zip) Table	e I - Non-D	erivative S	Securities Ac	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securit		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	Disposed (Instr. 3,	of (D)	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
Common						452,083	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 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. Transactic Code (Instr. 8)	5. Number of orDerivative 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 Common Stock)	\$ 0.57	02/16/2018	02/16/2018	A	40,000	<u>(1)</u>	02/16/2028	Common Stock	40,000
Restricted Stock Units	(2)	02/16/2018	02/16/2018	A	10,000	(2)	(2)	Common Stock	10,000
Restricted Stock Units	<u>(2)</u>	02/16/2018(2)	02/16/2018	A	2,500	(2)	(2)	Common Stock	2,500
Stock Option (Right to Buy Common Stock)	\$ 0.45					(3)	06/25/2027	Common Stock	75,000

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Khan Mehmood C/O CORMEDIX INC. 1430 U.S. HIGHWAY 206, SUITE 200 BEDMINSTER, NJ 07921

Signatures

/s/ Alexander M. Donaldson, by power of attorney

02/19/2018

**Signature of Reporting Person Date

Reporting Owners 2

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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) These options vest in full on the first anniversary of the date of grant, subject to continued service on the board.
 - These Restricted Stock Units were granted on 2/16/2018. Each restricted stock unit represents the right to receive one share of CorMedix
- (2) Inc. common stock. The restricted stock units vest in full on the first anniversary of the date of grant, subject to continued service on the board.
- (3) These options were granted on 6/25/2017. These options vest 1/3 on the date of grant, 1/3 on the first anniversary of the date of grant and 1/3 on the second anniversary of the date of grant.

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.