

ANTARES PHARMA, INC.
Form 4/A
June 29, 2015

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *
HOBBS EAMONN P

(Last) (First) (Middle)

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

(Street)

EWING, NJ 08628

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

ANTARES PHARMA, INC. [ATRS]

3. Date of Earliest Transaction
(Month/Day/Year)

05/28/2015

4. If Amendment, Date Original Filed(Month/Day/Year)

06/01/2015

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)
President & CEO

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V	Amount	Price	
Common Stock	05/28/2018		A		245,532 (1)	\$ 0	445,254 (2) 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)

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. Transaction Code (Instr. 8)	5. Number of 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)	Amount or Number of Shares
Stock option (right to buy)	\$ 2.18	05/28/2015		A	293,670 (3) (4)	(5) 05/27/2025	Common Stock	293,670

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HOBBS EAMONN P C/O ANTARES PHARMA, INC. 100 PRINCETON SOUTH, SUITE 300 EWING, NJ 08628	X		President & CEO	

Signatures

Jennifer Evans Stacey as attorney-in-fact for Eamonn P. Hobbs
 Signature: _____ Date: 06/29/2015

**Signature of Reporting Person

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 restricted stock units made under the Antares Pharma, Inc. 2008 Equity Compensation Plan. The shares vest in three equal annual installments from the date of grant.
 The shares reported here represent the total number of securities beneficially owned following the reported transaction, excluding awards of performance stock units previously reported as 182,724 shares of common stock that remain subject to the achievement of a performance goal pursuant to the terms of the award and thus were removed from the total amount of securities beneficially owned.
- (2) 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.
- (3) The number of options granted has been reduced from 498,310 to 293,670 based on a determination by the Compensation Committee on June 25, 2015.
- (4) The options vest in equal quarterly installments over three years from 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.