### Edgar Filing: DERMA SCIENCES, INC. - Form 4

DERMA SCI	ENCES, INC.										
Form 4											
September 17	7, 2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PROVAL 3235-0287			
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	er <b>STATE</b> 5. Filed pu <sup>18</sup> Section 17	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 20(b) of the Investment Company Act of 1940							January 31 Expires: 200 Estimated average burden hours per response 0.3		
(Print or Type R	esponses)										
Wolfenson Barry Symbol				Name and	Ticker or '	Fradin	g	5. Relationship of Reporting Person(s) to Issuer			
				IA SCIENCES, INC. [DSCI]				(Check all applicable)			
(Last)(First)(Middle)3. Date of (Month/DDERMA SCIENCES, INC., 21409/16/20CARNEGIE CENTER, SUITE 300				-				Director 10% Owner X Officer (give title Other (specify below) below) See Remarks			
				endment, Date Original nth/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			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative (	Securi	ties Acc	uired, Disposed o	f or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	ate 2A. Dee r) Executio any		3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or Di (D) (Instr. 3,	ties Ao spose	cquired d of 5) Price	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	
Common Stock	09/16/2014			Р	3,750	А	\$ 7.99 (1)	78,835	D		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Wolfenson Barry DERMA SCIENCES, INC. 214 CARNEGIE CENTER, PRINCETON, NJ 08540	SUITE 300			See Remarks				
Signatures								
/s/ Barry J. Wolfenson	09/17/2014							
dada aya								

\*\*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). \*\*
- Represents the weighted average purchase price of multiple transactions with a range of prices between \$7.99 and \$8.00. The reporting (1) person hereby undertakes to provide, upon request by the Securities and Exchange Commission staff, the issuer or a shareholder of the issuer, full information regarding the number of shares purchased at each separate price.

### **Remarks:**

#### Group President, Advanced Wound Care & Pharmaceutical Development

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.