Edgar Filing: DERMA SCIENCES, INC. - Form 4

DERMA SCI	IENCES, INC.										
Form 4											
February 08,	2005										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
	Check this box							Expires:	January 31,		
if no longer subject to Section 16. SECURITIES					NERSHIP OF	Estimated average burden hours per					
Form 4 orresponse0.Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,5obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section30(h) of the Investment Company Act of 19401(b).1000000000000000000000000000000000000								0.5			
(Print or Type R	Responses)										
GRANT WILLIAM R Symbol				r Name and Ticker or Trading A SCIENCES, INC. [DSCI]				5. Relationship of Reporting Person(s) to Issuer			
(It)	(Einst)	(MC141-)			ŕ	[D0	C 1]	(Chec)	k all applicable)	
(Last) (First) (Middle) 3. Date or (Month/E 610 FIFTH AVENUE 5TH 02/07/2 FLOOR, C/O GALEN ASSOCIATES			-				Director 10% Owner Officer (give titleX Other (specify below) See Remarks section below				
(Street) 4. If Ame			ndment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mon NEW YORK, NY 10020				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)									
(eny)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acqu	uired, 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)		3.4. Securities AcquiredTransactior(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	02/07/2005			Р	100,000	А	\$ 0.5	774,500	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)

Reporting Owners

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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 Number Shares
Common Stock Purchase Warrants	\$ 1.05	02/07/2005		Р	100,000	02/07/2005	02/07/2009	Common Stock	100,00
Dener	tina A								

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
GRANT WILLIAM R 610 FIFTH AVENUE 5TH FLOOR C/O GALEN ASSOCIATES NEW YORK, NY 10020				See Remarks section below		
Signatures						
/s/ William R.						

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

02/07/2005

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Remarks:

Grant

**Signature of

Reporting Person

Common Stock held by affiliated partnerships exceed 10%. The Reporting Person expressly disclaims beneficial ownership of any security in which it does not have an actual pecuniary interest.

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.