

Hirsch Stanley
Form 4
July 13, 2018

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 *
Hirsch Stanley

2. Issuer Name and Ticker or Trading Symbol
Foamix Pharmaceuticals Ltd.
[FOMX]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction
(Month/Day/Year)
07/13/2018

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

C/O FOAMIX
PHARMACEUTICALS LTD., 2
HOLTZMAN STREET

(Street)

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

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

REHOVOT, L3 7670402

(City) (State) (Zip)

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)
				(A) or (D) Code V Amount (D) Price			
Ordinary Shares	07/13/2018		M	1,616 A \$ 0 (1)	12,974 (2)	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. 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)	8. Price or Value of Underlying Securities (Instr. 3 and 4)
Restricted Share Units ⁽¹⁾	\$ 0	07/13/2018		M	1,616	<u>(3)</u> <u>(3)</u>	Ordinary Shares	1,616

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Hirsch Stanley C/O FOAMIX PHARMACEUTICALS LTD. 2 HOLTZMAN STREET REHOVOT, L3 7670402	X			

Signatures

/s/ Ilan Hadar as attorney-in-fact for Stanley Hirsch 07/13/2018

**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) This security represents restricted share units. Each restricted share unit represents a contingent right to receive one ordinary share of the issuer.
The issuer's method of reporting restricted share units has been revised to report such grants in Table I rather than as previously reported in Table II. Accordingly, this amount includes (i) 6,508 ordinary shares previously reported in Table I of the reporting person's Form 4 (ii) 1,616 ordinary shares underlying restricted share units that vested on July 13, 2018 (iii) 4,850 ordinary shares subject to unvested restricted share units that were previously reported in Table II of the reporting person's Form 3 as a derivative security.
- (3) The ordinary shares underlying this restricted share unit award vest over a period of four years (25% on July 13, 2018 and 6.25% every three months thereafter) ending July 13, 2021.
- (4) This class of restricted share units is included in Column 5 of Table I above.

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.