## Edgar Filing: ANTARES PHARMA, INC. - Form 4

	S PHARMA, INC.									
Form 4 June 06, 20	)16									
FOR	ЛЛ								PPROVAL	
	UNITED	STATES S			AND EX , D.C. 2(	OMB Number:	3235-0287			
if no lo subject	to SIAIEN	MENT OF (	Expires: Estimated							
Section 16. SECURITIES Lotanded utoring burden hours per response   Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue.   See Instruction 16(b). Section 17(a) of the Public Utility Holding Company Act of 1940										
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u>*</u> JACOB LEONARD S			2. Issuer Name <b>and</b> Ticker or Trading Symbol ANTARES PHARMA, INC. [ATRS			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(Last) (First) (Middle)				ransaction		(Check all applicable)			
	ARES PHARMA, PRINCETON SO 0	0	/10nth/Da 6/02/20	ay/Year) )16			X Director Officer (give below)	title Oth below)	% Owner her (specify	
(Street) 4. If Amendment Filed(Month/Day/					/Day/Year) Applicable Line) _X_ Form filed by (			bint/Group Filing(Check		
EWING, N	NJ 08628						Form filed by M Person	Iore than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-l	Derivative	Securities A	cquired, Disposed of	, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		tte, if Year)	Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, -	(A) or of (D)	SecuritiesFBeneficially(Owned(	. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	eport on a separate line	e for each class	of secu	rities bene	ficially ow	ned directly o	or indirectly.			
					inforr requi	nation cont red to respo ays a curre	spond to the collec tained in this form ond unless the form ntly valid OMB con	are not n	SEC 1474 (9-02)	
	Tab					posed of, or convertible s	Beneficially Owned securities)			
		saction Date 3 /Day/Year) E			4. Transact	5. Number iorDerivative			7. Title and Amount of Underlying Securities	

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	3)	Securities Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 1.12	06/02/2016		А		300,000 (1)		(2)	06/02/2026	Common Stock	300,000

. . . .

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
JACOB LEONARD S C/O ANTARES PHARMA, INC. 100 PRINCETON SOUTH, SUITE 300 EWING, NJ 08628	Х							
Signatures								
/s/Keith Muckenhirn as attorney-in-fact f Jacob	or Leonar	ď	06/06/2	2016				
<u>**</u> 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) Represents grant of options to purchase shares of common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan.
- (2) The options vest in equal quarterly installments over one year from grant date.

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.