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TREPPEL JERRY Form 3/A July 01, 2009

FORM 3

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

OMB APPROVAL

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INITIAL STATEMENT OF 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 *

TREPPEL JERRY

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

12/01/2008

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

ELITE PHARMACEUTICALS INC /DE/ [ELTP:US]

4. Relationship of Reporting

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

11/06/2008

C/O ELITE

PHARMACEUTICALS,

INC., 165 LUDLOW AVENUE

(Street)

10% Owner _X_ Director Officer

(Check all applicable)

_Other (give title below) (specify below)

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

Person

Form filed by More than One

Reporting Person

NORTHVALE, NJÂ 07647

(State)

1. Title of Security

(City)

(Instr. 4)

(Zip)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial Ownership

Form: (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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

Date

Exercisable

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security

(Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

Date

3. Title and Amount of Securities Underlying Derivative Security

4. 5. Conversion Form of or Exercise

6. Nature of Indirect Ownership Beneficial Ownership

(Instr. 4) Title

Expiration

Amount or Number of Derivative Security

Price of

(Instr. 5)

Derivative

Security:

Direct (D)

1

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Shares or Indirect (I)

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

TREPPEL JERRY C/O ELITE PHARMACEUTICALS, INC. 165 LUDLOW AVENUE NORTHVALE, NJÂ 07647

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Signatures

Reporting Person

/s/ Jerry Treppel 07/01/2009

**Signature of Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

or removal as a director without cause at the request of the Registrant's Board of Directors.

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

This Form 3 amends the Form 3 filed with the U.S. Securities and Exchange Commission on November 6, 2008 (the "Original Form 3"). In the Original Form 3, 180,000 shares of the Registrant's common stock, par value \$0.01 per share (the "Common Stock"), were reported under Table I as "Non-Derivative Securities" beneficially owned by the Reporting Person, however, such shares actually represent shares

- (1) underlying an option granted by the Registrant to the Reporting Person pursuant to a Non-Qualified Stock Option Agreement, dated December 1, 2008. Accordingly, the Original Form 3 is hereby amended to report the aforesaid option, and the 180,000 shares of Common Stock underlying such option, under Table II as "Derivative Securities." The Original Form 3 has not been amended in any way except as expressly provided herein.
 - The option vests according to the following schedule: (1) 60,000 shares of Common Stock underlying the option vested on December 1, 2008; (2) an additional 60,000 shares of Common Stock underlying the option shall vest on the date immediately following the date of the next annual meeting of the stockholders of the Registrant (the "Annual Meeting") following the option grant date; and (3) the remaining 60,000 shares of Common Stock underlying the option shall vest on the date immediately following the one year anniversary of the Annual Meeting; provided, however, that the option shall fully vest upon the Reporting Person's death, disability, retirement as a director

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.

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