#### ANTARES PHARMA, INC.

Form 4

October 16, 2013

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

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subject to Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

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

1(b).

(Print or Type Responses)

1. Name and A APPLE ROI	*	orting Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol ANTARES PHARMA, INC. [ATRS]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
C/O ANTAI	NTARES PHARMA, 100 PRINCETON SOUTH,		(Month/Day/Year) 10/14/2013	Director 10% Owner Other (specify below) below)  Executive Vice President & CFO		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
EWING, NJ 08628			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acq	uired, Disposed of, or Beneficially Owned		
1 Title of	2 Transportis	m Data 24 Da	amad 2 A Cassmitias Assuined	(A) 5 Amount of 6 7 Noture		

						_			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ction Date 2A. Deemed Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
COMMON STOCK	10/14/2013		Code V $M_{\underline{(1)}}$	Amount 22,000	(D)	Price \$ 0.47	390,918	D	
COMMON STOCK	10/14/2013		S <u>(1)</u>	22,000	D	\$ 5.0545	368,918	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	vative Expiration Date urities (Month/Day/Year) uired (A) isposed of r. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
CTO CV				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
STOCK OPTION (RIGHT TO	\$ 0.47	10/14/2013		M <u>(1)</u>	22,000	(2)	11/12/2018	COMMON STOCK	22,000

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

APPLE ROBERT F C/O ANTARES PHARMA, INC. 100 PRINCETON SOUTH, SUITE 300 EWING, NJ 08628

**Executive Vice President & CFO** 

### **Signatures**

BUY)

Robert F. Apple 10/16/2013

\*\*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) The stock option exercises and sales of common stock reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- (2) The options vested in equal quarterly installments over three years following the 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.

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