Edgar Filing: SPECTRUM PHARMACEUTICALS INC - Form 4

SPECTRUM PHARMACEUTICALS INC

Form 4

December 18, 2015

FORM	PM /							OMB APPROVAL			
	UNITED	STATES					COMMISSION	CIVID	3235-028		
Check t	his hox		Wa	shington	, D.C. 20)549		Number:			
if no lo	ngar			MOEC IN	DENIE		WNERSHIP OF	Expires:	January 31		
subject Section Form 4 Form 5	to STATEN 16. or	Estimated average burden hours per response 0									
obligati may con See Inst 1(b).	ons ntinue. Section 17((a) of the	Public U	Itility Hol	ding Co		nge Act of 1934, of 1935 or Sectio 940	n			
Print or Type	Responses)										
1. Name and Address of Reporting Person * GUSTAFSON KURT A			2. Issuer Name and Ticker or Trading Symbol SPECTRUM				Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			PHAR	MACEUT	ΓICALS	INC [SPPI] (Chec	ск ан аррисаот	e)		
(Last)		Middle)	3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner String Other (specify below)				
11500 S. E 240	EASTERN AVE.,	SUITE	12/18/2	2015			EVP & Cl	hief Financial (Officer		
				endment, D onth/Day/Yea	_	ıl	Applicable Line)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
HENDERS	SON, NV 89052						Form filed by Merson	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	acquired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if Transa Code		4. Securities etionAcquired (A) or Disposed of (D) B) (Instr. 3, 4 and 5) (A) or		Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforr requi	nation cont red to respo ays a curre	spond to the collectained in this form ond unless the for ntly valid OMB cor	are not m	SEC 1474 (9-02)		
	Tab					sposed of, or	Beneficially Owned				

4.

5. Number of

3. Transaction Date 3A. Deemed

Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative

1. Title of 2.

7. Title and Amount of

Underlying Securities

6. Date Exercisable and

Expiration Date

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)			(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) ((D) Date Exercisable	Expiration e Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 5.86	12/18/2015		A	300,000	<u>(1)</u>	12/18/2025	Common Stock	300,000	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

GUSTAFSON KURT A 11500 S. EASTERN AVE. SUITE 240 HENDERSON, NV 89052

EVP & Chief Financial Officer

Signatures

/s/ Kurt A. 12/18/2015 Gustafson

**Signature of Date Reporting Person

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) 25% of the option shares vested on December 18, 2015. The remaining option shares shall vest in 25% equal annual amounts on each anniversary date of the grant over three years.

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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