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SAMSON I Form 4									
June 11, 20									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL		
Washington, D.C. 20549						OMB Number:	3235-0287		
Check t if no los subject			OF CHANGES IN BENEFICIAL OWNERSHIP OF			Expires: Estimated av	January 31, 2005 average		
Section Form 4 Form 5 obligati	or Filed put	SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 ection 17(a) of the Public Utility Holding Company Act of 1935 or Sect				burden hou response	urs per		
may co. <i>See</i> Inst 1(b).		30(h) of the I	nvestment C	Company Act of	1940				
(Print or Type	e Responses)								
1. Name and SAMSON	Address of Reporting MARVIN	Symbol		Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
<i>(</i> -)				MA, INC. [ATR	.5] (Chec	k all applicabl	e)		
(Last)	(First) (of Earliest Traı 'Day/Year)	isaction	X Director 10% Owner				
	ARES PHARMA, PRINCETON SO 0	06/08/	-		Officer (give below)		her (specify		
	(Street)	4. If An	nendment, Date	Original	6. Individual or Joint/Group Filing(Check				
		Filed(M	onth/Day/Year)		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
EWING, N	NJ 08628				Person		eporting		
(City)	(State)	(Zip) Ta	ble I - Non-De	rivative Securities A	Acquired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		TransactionA Code D (Instr. 8) (1	. Securities .cquired (A) or bisposed of (D) (nstr. 3, 4 and 5) (A) or xmount (D) Price	SecuritiesFBeneficially(4)Owned(4)Following(4)ReportedTransaction(s)(Instr. 3 and 4)	5. 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 see	curities benefic	ially owned directly	or indirectly.				
				information con required to resp	spond to the collec tained in this form ond unless the forr ntly valid OMB con	are not n	SEC 1474 (9-02)		
	Tab			red, Disposed of, or ptions, convertible	• Beneficially Owned securities)				
		saction Date 3A. De /Day/Year) Execut		4. 5. Numbe FransactiorDerivative			7. Title and Amount of Underlying Securities		

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- * 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 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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