CAMBREX CORP Form 4 April 28, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

3235-0287 Number:

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

1. Name and Address of Reporting Person *

04/25/2014

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

2. Issuer Name and Ticker or Trading

1(b).

Common

Stock

(Print or Type Responses)

| HARRIGAN KATHRYN | | | Symbol | | | | Issuer | | | |
|--------------------------------|-------------------|------------------|--------------------------------|---|-------------|---------------|--|------------------------|--------------|--|
| (Lost) | (Finat) | (First) (Mid II) | | CAMBREX CORP [CBM] 3. Date of Earliest Transaction | | | | (Check all applicable) | | |
| (Last) | (First) (| Middle) | | | insaction | | W D' (| 100 | 1.0 | |
| ONE MEADOWLANDS PLAZA (Street) | | | (Month/Day/Year) 04/24/2014 | | | | X Director 10% Owner Officer (give title Other (spec | | | |
| | | | | | | | below) | below) | | |
| | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | Filed(Month/Day/Year) | | | | Applicable Line) | | | |
| | | | | | | | _X_ Form filed by | 1 0 | | |
| EAST RUT | HERFORD, NJ | 07073 | | | | | Person | More than One Ro | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securities Ac | quired, Disposed | of, or Beneficia | lly Owned | |
| 1.Title of | 2. Transaction Da | te 2A. Dee | emed | 3. | 4. Securi | ties | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | (Month/Day/Year |) Executi | on Date, if | Transactio | onAcquired | l(A) or | Securities | Form: Direct | Indirect | |
| (Instr. 3) | | any | | Code | Disposed | l of (D) | Beneficially | (D) or | Beneficial | |
| | | (Month | /Day/Year) | (Instr. 8) | (Instr. 3, | 4 and 5) | Owned | Indirect (I) | Ownership | |
| | | | | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | Reported | | | |
| | | | | | | or | Transaction(s) | | | |
| | | | | Code V | Amount | (D) Price | (Instr. 3 and 4) | | | |

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

A

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.

D

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

2,403

\$0

55,121

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| 1. Title of 2. Derivative Conversion or Exercise Instr. 3) Price of Derivative Security | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---------|---|---|--|---------|--|--------------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (Right to Buy) | \$ 21.7 | 04/24/2014 | | M | 3,863 | 10/24/2014 | 04/22/2021 | Common Stock | 3,863 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| HARRIGAN KATHRYN | | | | | | |
| ONE MEADOWLANDS PLAZA | X | | | | | |
| EAST RUTHERFORD, NJ 07073 | | | | | | |

Signatures

Linda Kresse for Kathryn Harrigan by POA

04/28/2014 Date

**Signature of 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).

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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