Edgar Filing: ANTARES PHARMA INC - Form 4

ANTARES PHA	ARMA INC									
Form 4 May 14, 2007										
FORM 4	1								APPROVAL	
	STATES	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					NOMB Number:	3235-0287		
Check this be	ЭХ		vva	sinngton,	, D.C. 20	549		Expires:	January 31,	
if no longer subject to Section 16.	STATEN	MENT O	F CHAN	NGES IN SECUR		ICIAL OV	WNERSHIP OF	Estimated burden ho	urs per	
Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b).	Section 17	(a) of the	Public U	tility Hole	ding Cor		nge Act of 1934, of 1935 or Sectio 940	response on	0.5	
(Print or Type Resp	oonses)									
1. Name and Address of Reporting Person <u>*</u> JACOB LEONARD S		2. Issuer Name and Ticker or Trading Symbol ANTARES PHARMA INC [AIS]			5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (Middle)		of Earliest Ti		C [AIS]	(Check all applicable)			
C/O ANTARE INC, 250 PHIL 290	S PHARMA,			Day/Year)	ransaction		X Director Officer (giv below)		% Owner her (specify	
			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip)	Tab	la I - Non-I	Dorivativa	Securities A	cquired, Disposed o	of or Bonoficio	ally Owned	
	Transaction Date onth/Day/Year)	Execution any	ed Date, if	3. Transaction Code	4. Securit nAcquired Disposed (Instr. 3, 4	ies (A) or of (D)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
		6 1 1								
Reminder: Report of	on a separate lind	e for each cl	lass of sec	urities benef	Perso inforn requir	ns who res nation cont ed to respo bys a curre	or indirectly. spond to the colle tained in this form ond unless the for ntly valid OMB co	i are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible s	Beneficially Owned securities)	I		
1. Title of 2.	3. Tran	saction Date	e 3A. Dee	emed	4.	5. Number	of 6. Date Exercis	sable and	7. Title and Amount of	

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

Γ

Underlying Securities

Expiration Date

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired or Dispos (D) (Instr. 3, and 5)	(A) sed of	(Month/Day,	/Year)	(Instr. 3 and	4)	5
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 1.65	05/10/2007		A	41,762 (1)		(2)	05/09/2017	Common Stock	41,762	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
JACOB LEONARD S C/O ANTARES PHARMA, INC 250 PHILLIPS BLVD, SUITE 290 EWING, NJ 08618	Х					
Signatures						
/s/Leonard S. Jacob, M.D., Ph.D.	05/14/2	2007				
**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) 11,762 options were taken in lieu of a portion of the Director's annual cash compensation.
- (2) The option vests in four equal quarterly installments.
- (3) Not applicable.

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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