Wotton Paul K Form 4 November 13, 2009

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287 January 31, Expires:

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OMB APPROVAL

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if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person 2 Wotton Paul K			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			ANTARES PHARMA, INC. [AIS]					119]	(Check all applicable)			
(Last)	(First)	(Mi	iddle)	3. Date of	Earliest T	ransa	action					
				(Month/D	ay/Year)					_X_ Director		Owner
C/O ANTARES PHARMA,				11/12/2009					_X_ Officer (give below)	below)	er (specify	
INC, 250 PF 290	HILLIPS BLV	/D, S	SUITE							· · · · · · · · · · · · · · · · · · ·	sident and CEO	
(Street)				4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
				Filed(Month/Day/Year)					Applicable Line)			
										X Form filed by		
EWING, NJ	08618									Form filed by Person	More than One Re	eporting
(City)	(State)	(2	Zip)	Table	e I - Non-I	Deriv	vative S	ecurit	ies Acq	uired, Disposed o	of, or Beneficial	lly Owned
1.Title of	2. Transaction	Date	2A. Deer	med	3.	4.	Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Y	ear)	Executio	n Date, if	Transacti	ion(A	A) or Dis	sposed	of	Securities	Form: Direct	Indirect
(Instr. 3)			any		Code	(L	1			Beneficially	(D) or	Beneficial
			(Month/I	Day/Year)	(Instr. 8)	(Iı	nstr. 3, 4	and 5	5)	Owned	Indirect (I)	Ownership
								(4)		Following Reported	(Instr. 4)	(Instr. 4)
								(A)		Transaction(s)		
					Code V	/ А	mount	(D)	Price	(Instr. 3 and 4)		
Common	11/12/2009				A	25	5,000	A	(2)	249,091	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.

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

(1)

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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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) Disposed of (I (Instr. 3, 4, an 5)	Expiration D (Month/Day or D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (A	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 1.1	11/12/2009		A	150,000	<u>(4)</u>	11/11/2019	Common Stock	150,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Wotton Paul K C/O ANTARES PHARMA, INC 250 PHILLIPS BLVD, SUITE 290 EWING, NJ 08618	X		President and CEO				

Signatures

Robert F. Apple as attorney-in-fact for Paul
Wotton

**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) Represents grant of common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan based on achievement of a performance goal previously established.
- (2) Not applicable
- (3) 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.
- (4) The options vest in equal quarterly installments 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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