APPLE ROBERT F Form 4 July 23, 2010

# FORM 4

#### OMB APPROVAL

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

OMB Number: 3235-0287

January 31,

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Estimated average burden hours per

Form 4 or Form 5 obligations

may continue.

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

**SECURITIES** 

response... 0.5

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * APPLE ROBERT F			2. Issuer Name <b>and</b> Ticker or Trading Symbol ANTARES PHARMA, INC. [AIS]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(			
			(Month/Day/Year)	Director 10% Owner			
C/O ANTARES PHARMA,			07/21/2010	_X_ Officer (give title Other (specify			
INC., 250 PHILLIPS BLVD, SUITE				below) below)  Executive Vice President & CFO			
290							
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line)			
EWING, NJ 08618				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acc	unired. Disposed of, or Beneficially Owned			

<b>Table I - Non-Derivative Securities</b>	Acquired, Disposed of,	or Beneficially Owned
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		······································								•
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Sec	uritie	es Ac	quired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transacti	on(A) or	(A) or Disposed of			Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(D)				Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr.	3, 4	and 5	5)	Owned	Indirect (I)	Ownership
								Following	(Instr. 4)	(Instr. 4)
								Reported		
						(A)		Transaction(s)		
						or		(Instr. 3 and 4)		
			Code V	Amo	ınt	(D)	Price	(Instit 5 tille 1)		
Common Stock	07/21/2010		A	10,42 (1)		A	<u>(2)</u>	166,677	D	

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474

(9-02)

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

#### Edgar Filing: APPLE ROBERT F - Form 4

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.  onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	Amount Underly Securiti	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address 10% Owner Officer

Director

APPLE ROBERT F C/O ANTARES PHARMA, INC. 250 PHILLIPS BLVD, SUITE 290 **EWING, NJ 08618** 

Executive Vice President & CFO

Other

### **Signatures**

Robert F. Apple 07/23/2010 \*\*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).
- Represents grant of 10,422 shares of common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan as performance based compensation.
- (2) 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.

Reporting Owners 2