ANTARES PHARMA, INC.

Form 4

December 09, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

January 31, 2005

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Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

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).

(City)

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person * CARRARA DARIO			2. Issuer Name and 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	(Check an applicable)		
C/O ANTARES PHARMA, INC, 250 PHILLIPS BLVD, SUITE 290			(Month/Day/Year) 12/07/2010	Director 10% Owner X Officer (give title Other (specify below) Senior Vice President (1)		
	(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		

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1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	3. Transaction	ransactiomr Disposed of (D)			5. Amount of Securities Beneficially	7. Nature of Indirect Beneficial	
(Ilisti. 3)		any (Month/Day/Year)	(Instr. 8)	(111801. 3,	+ anu .	3)	Owned Following	Form: Direct (D) or Indirect	Ownership (Instr. 4)
					(A) or		Reported Transaction(s)	(I) (Instr. 4)	,
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Common Stock	12/07/2010		M	68,750 (1)	A	\$ 0.85	96,250	D	
Common Stock	12/07/2010		S	68,750 (1)	D	\$ 1.5121	27,500	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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities 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)	\$ 0.85	12/07/2010		M	68,750 (1)	(2)	05/13/2019	Common Stock	68,750

Ralationshin

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other

CARRARA DARIO

C/O ANTARES PHARMA, INC

Senior Vice President (1) 250 PHILLIPS BLVD, SUITE 290

EWING, NJ 08618

Signatures

Robert F. Apple as attorney-in-fact for Dario 12/09/2010 Carrara

> **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).
- Represents the exercise of stock options by Dario Carrara, Senior-Vice President of Antares Pharma, Inc., who resigned from his position **(1)** effective December 31,2010, as disclosed in an 8-K filed September 16, 2010.
- Dario Carrara received a grant of options on May 14, 2008, to purchase 82,500 shares of Common Stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan. The options vest in equal quarterly installments over three years.
- (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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