#### **GARRITY THOMAS J**

Check this box

if no longer

Section 16.

Form 4 or

subject to

Form 4 October 05, 2017

## FORM 4

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

OMB asset

Number: 3235-0287

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**OMB APPROVAL** 

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * GARRITY THOMAS J			2. Issuer Name <b>and</b> Ticker or Trading Symbol ANTARES PHARMA, INC. [ATRS]					5. Relationship of Reporting Person(s) to Issuer				
(Lost)						_	(Check all applicable)					
(Last) (First) (Middle)			3. Date of Earliest Transaction						X Director 10% Owner			
C/O ANTARES PHARMA,			(Month/Day/Year)						Officer (give		er (specify	
INC., 100 PRINCETON SOUTH,			10/03/2017						below)	below)	` 1	
SUITE 300	KINCLION 500	J 111,										
	4. If Ame	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
			Filed(Mon	Filed(Month/Day/Year)					Applicable Line)			
									_X_ Form filed by	1 0		
EWING, NJ 08628									Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table	e I - Non-I	Deri	vative S	ecurit	ties Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Dee	med	3.		. Securiti		_	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		Execution Date, if		* * * * * * * * * * * * * * * * * * * *				Securities Form: Direct Indirect			
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	(Instr. 3, 4 and 5)			<b>)</b> )	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Monun)	Day/ 1 cal)	(IIISU. 0)					Following	(Instr. 4)	(Instr. 4)	
							(4)		Reported	(======================================	(======================================	
							(A)		Transaction(s)			
				Code V	A	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	10/03/2017			M(1)	30	0,000	A	\$ 0.85	190,213	D		
Common	10/03/2017			S <u>(1)</u>	30	0,000	D	\$ 3.5	160,213	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)

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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. Transactio Code (Instr. 8)	5. Number of onDerivative 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	10/03/2017		M <u>(1)</u>	30,000	(2)	05/13/2018	Common Stock	30,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b>FB</b> =	Director	10% Owner	Officer	Other		
GARRITY THOMAS J C/O ANTARES PHARMA, INC. 100 PRINCETON SOUTH, SUITE 300 EWING, NJ 08628	X					

## **Signatures**

/s/Keith Muckenhirn as attorney-in-fact for Thomas J.
Garrity
10/05/2017

\*\*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) The stock option exercise and sale of common stock reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan that was adopted in September 2016.
- (2) The options vested and became exercisable in four equal quarterly installments following the grant date of May 14, 2008.

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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