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SHROTRIYA Form 4												
September 13, FORM	4 UNITED	STATES		RITIES				NGE	COMMISSION	N OMB Number:	VPPROVAL 3235-0 January	287
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						Estimated burden hol response	Expires: 2005 Estimated average burden hours per response 0.5					
(Print or Type Res	sponses)											
1. Name and Address of Reporting Person <u>*</u> SHROTRIYA RAJESH C			2. Issuer Name and Ticker or Trading Symbol				c	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) C/O ANTARES PHARMA, INC., 250 PHILLIPS BLVD, SUITE 290			ANTARES PHARMA, INC. [AIS] 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2011				_AIS]	(Check all applicable) X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street) EWING, NJ 08618			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)	Tal	ole I - No	n-D	erivative	Secu	rities A	Acquired, Disposed of	of, or Beneficia	ally Owned	
	Transaction Date Ionth/Day/Year)		Date, if	Code (Instr. 8	tion)	4. Securit Acquired Disposed (Instr. 3, Amount	(A) of of (D 4 and (A) or)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report	t on a separate line	e for each cl	ass of sec	urities be	nefi	Perso inforr requi	ons w natio red to ays a	ho res n cont o respo	or indirectly. spond to the colle tained in this form ond unless the for ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab								Beneficially Owned securities)	1		
	2 F											

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)		S (
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 2.24	09/09/2011		А	20,000 (1)	(2)	09/08/2021	Common Stock	20,000	
Repo	rting Ov	wners								

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
SHROTRIYA RAJESH C C/O ANTARES PHARMA, INC. 250 PHILLIPS BLVD, SUITE 290 EWING, NJ 08618	Х			
Signatures				
Robert F. Apple as attorney-in-fact f	for Rajesh	C.		
Shrotriya			09	/13/2011
**Signature of Reporting Pers			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 an incremental annual grant under the Director's Compensation Plan of options to purchase shares of common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan.
- (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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