## Edgar Filing: Tambi Brian - Form 4

Tambi Brian	1											
Form 4												
November 2	2, 2017											
FORM	14									PPROVAL		
	•• UNITE	ED STATES		shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check th			, , <b>u</b>	<u></u> ,	210120					January 31,		
if no long		EMENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP				<b>ERSHIP OF</b>	Expires:	2005		
subject to Section 1	0			SECUR					Estimated average burden hours per response 0.			
Form 4 c												
Form 5	Filed	pursuant to	Section 1	6(a) of the	e Securit	ies Ex	kchange	Act of 1934,				
obligatio	Nection	17(a) of the	Public U	tility Hold	ling Com	ipany	Act of	1935 or Sectio	n			
may cont See Instr		30(h)	of the Ir	vestment	Compan	y Act	of 194	0				
1(b).	uetion				-							
(Print or Type I	Responses)											
	Address of Report	ting Person <sup>*</sup>	2. Issue	r Name <b>and</b>	Ticker or	Tradin	0	-	ip of Reporting Person(s) to			
Tambi Bria	n		Symbol	bl				Issuer				
AKORN				DRN INC [AKRX]				(Chec	k all applicable	)		
				Date of Earliest Transaction onth/Day/Year)				(energian appreader)				
								X_ Director	10%	Owner		
1925 WEST	Γ FIELD COU	IRT SUITE	11/21/2	017				Officer (give below)	title Othe below)	er (specify		
300								below)	below)			
	(Street)		4. If Ame	endment, Da	te Original			6. Individual or Jo	oint/Group Filin	g(Check		
			Month/Day/Year)				Applicable Line)					
								_X_Form filed by (				
LAKE FOR	REST, IL 6004	5						Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)				~ .						
(eity)	(Build)	(Elp)	Tab	le I - Non-D	Derivative S	Securi	ties Acqu	iired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date 2A. Deemed			3. 4. Securities Acquired				5. Amount of Securities	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Ye	(Month/Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5)				Ownership	Indirect		
(msur. 5)									Form: Direct Benefic (D) or Owners	Ownership		
		(		(				Owned Following	Indirect (I)	(Instr. 4)		
						(A)		Reported	(Instr. 4)			
						or		Transaction(s)				
						01						
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Tambi Brian 1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045	Х						
Signatures							
/s/ Joseph Bonaccorsi, Attorney-in-Fact	11/22/2	2017					
<u>**Signature of Reporting Person</u>	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) Following the reported transaction, the amount of shares beneficially owned includes 12,426 unvested RSUs and 38,649 shares owned outright.

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.