## Edgar Filing: Wotton Paul K - Form 4

Wotton Paul 1 Form 4										
September 13 FORM Check this	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PROVAL 3235-0287 January 31,	
if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	5. Filed purs s nue. ction	20(h) of the Investment Commonly A at at $1040$							Expires: 2005 Estimated average burden hours per response 0.5	
(Print or Type R 1. Name and Ac Wotton Paul	dress of Reporting P	Symbo	suer Name <b>and</b> bl ARES PHAI				5. Relationship of Issuer	f Reporting Pers		
(Last) (First) (Middle) C/O ANTARES PHARMA, INC, 250 PHILLIPS BLVD, SUITE 290			3. Date of Earliest Transaction (Month/Day/Year) 09/09/2011				X_ Director 10% Owner X_ Officer (give title Other (specify below) President and CEO			
EWING, NJ	Amendment, Date Original Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>					
(City)	(State) (2	Zip) T	able I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye	Code	on(A) or Dis (D) (Instr. 3, 4	posed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	09/09/2011		А	45,162 (1)	A	<u>(2)</u>	475,672 <u>(3)</u>	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.

 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. Transactio Code (Instr. 8)	5. orNumber 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 Owna 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			
Wotton Paul K C/O ANTARES PHARMA, INC 250 PHILLIPS BLVD, SUITE 290 EWING, NJ 08618	Х		President and CEO				
Signatures							
Robert F. Apple as attorney-in-fact f Wotton	for Paul	(	09/13/2011				
**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 grants of common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan. 25,000 shares were granted based on achievement of a performance goal previously established and 40,000 shares were granted as

- (1) additional performance based compensation in recognition of other accomplishments. 19,838 shares were used to fulfill tax withholding obligations, resulting in a net issuance of 45,162 shares.
- (2) Not applicable
- (3) Represents the total number of shares owned plus all outstanding unearned or unvested shares granted less the number of shares used to fulfill tax withholding obligations when certain shares previously granted became taxable after they were earned or vested.

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.