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Form 4	2											
January 03, 2 FORM	4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB APPROVAL OMB 3235-0287 Number:		
Check thi if no long subject to Section 1 Form 4 of Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed purs Section 17(a	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								Expires: Estimated a burden hou response		
(Print or Type R	Responses)											
Walbert Timothy P Symbol				er Name and Ticker or Trading ZON PHARMA, INC. [HZNP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (M ON PHARMA, AKE COOK ROA		3. Date of (Month/D 01/02/20	ay/Yea		ansaction			X Director X Officer (give below)	10%	Owner er (specify	
				endment, Date Original nth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DEERFIELI	D, IL 60015								Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - No	n-D	erivative S	ecurit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code (Instr.	8)	4. Securiti n(A) or Dis (Instr. 3, 4	sposed and 5 (A) or	of (D)	Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common stock	01/02/2013			Code S	v	Amount 20,749 (1)	(D) D	Price \$ 2.36	78,661 <u>(2)</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. 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 o Number o Shares
Employee stock options (right to buy)	\$ 2.4	01/02/2013		А	147,000	(3)	01/01/2023	common stock	147,000
Restricted stock units	<u>(4)</u>	01/02/2013		А	128,700	(5)	(5)	common stock	128,700

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Walbert Timothy P C/O HORIZON PHARMA, INC. 520 LAKE COOK ROAD, SUITE 520 DEERFIELD, IL 60015	Х		President, Chairman and CEO				
Signatures							
/s/ Robert J. De Vaere, Attorney-In-Fact	01/0)3/2013					
<u>**Signature of Reporting Person</u>]	Date					

**Signature of Reporting Person

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).
- Reflects shares of common stock surrendered via open market sale pursuant to a Rule 10b5-1 trading plan adopted by the reporting person (1)in December 2012, in order to satisfy certain tax withholding obligations.
- (2) Includes 6,500 shares of the Company's common stock acquired pursuant to an employee stock purchase program.
- The shares subject to the option vest and become exercisable in forty-eight equal monthly installments from the vesting commencement (3)date of January 2, 2013.
- (4) Each restricted stock unit represents a contingent right to receive one share of Horizon Pharma, Inc. common stock.
- (5) The restricted stock units vest in four equal annual installments beginning January 2, 2014.

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.