#### ANTARES PHARMA INC

Form 4 May 14, 2007

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

**OMB** Number:

3235-0287

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January 31, 2005

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subject to Section 16. Form 4 or Form 5 obligations

Check this box

if no longer

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).

(Print or Type Responses)

1. Name and Address of Reporting Person \* APPLE ROBERT F

2. Issuer Name and Ticker or Trading Symbol

ANTARES PHARMA INC [AIS]

5. Relationship of Reporting Person(s) to Issuer

below)

(Last)

(First) (Middle) 3. Date of Earliest Transaction

(Check all applicable)

(Month/Day/Year)

05/10/2007

(Month/Day/Year)

Director 10% Owner X\_ Officer (give title Other (specify

C/O ANTARES PHARMA INC, 250

below) Senior VP and CFO

PHILLIPS BLVDS, SUITE 290

(Street)

(State)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

**EWING, NJ 08618** 

(City)

(Instr. 3)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

(Zip)

3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Indirect (I) Ownership Owned Following (Instr. 4) (Instr. 4)

(A)

Reported Transaction(s) (Instr. 3 and 4)

Amount (D) Price

Common 05/10/2007 Stock

22,727 Α (3)

Code V

A <u>(2)</u> 22,727

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 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)

(9-02)

### Edgar Filing: ANTARES PHARMA INC - Form 4

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. 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 or Number of Shares
Stock Option (right to buy)	\$ 1.65	05/10/2007		A	40,000 (4)	<u>(1)</u>	05/09/2017	Common Stock	40,000

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

APPLE ROBERT F C/O ANTARES PHARMA INC 250 PHILLIPS BLVDS, SUITE 290 EWING, NJ 08618

Senior VP and CFO

## **Signatures**

/s/Robert F. 05/14/2007 Apple

\*\*Signature of Date
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).
- (1) The option vests in equal quarterly installments over three years.
- (2) Not applicable.
- (3) Represents grant of shares of Common Stock issued under the 2006 Equity Compensation Plan and pursuant to that certain Senior Management Agreement, dated February 9, 2006, between the issuer and the reporting person.
- (4) Represents an interim grant as the Company has changed its policy of issuing annual grants at or near year end to issuing annual grants at the time of the annual meeting of stockholders.

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.

Reporting Owners 2