Edgar Filing: Swirsky Douglas J - Form 4

| Swirsky Dou Form 4 | - | | | | | | | | | | |
|---|--|---|--|--|---|--|---|--|--|--|--|
| November 17, 2017 FORM 4 UNITED STATES SE | | | | ECURITIES AND EXCHANGE COMMISSION | | | | | OMB APPROVAL OMB 3235-0287 | | |
| Check th if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b). | 6. r Filed pu ns inue. | Washington, D.C. 20549 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 | | | | | | Expires: Estimated burden hou response | Number:January 31,Expires:2005Estimated averageburden hours perresponse0.5 | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Swirsky Douglas J | | | 2. Issuer Name and Ticker or Trading Symbol PERNIX THERAPEUTICS HOLDINGS, INC. [PTX] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| HOLDINGS | (First) X THERAPEUT S, INC., 10 NOR CE, SUITE 201 | (ICS) | | f Earliest T Day/Year) 017 | ransaction | | X Director Officer (giv below) | | % Owner her (specify | | |
| (Street) MORRISTOWN, NJ 07960 | | | 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 | | | | | |
| (City) | (State) | (Zip) | Tab | la I Non I | Dorivotivo | Socurities A | Person cquired, Disposed | of or Bonoficio | lly Ownod | | |
| | 2. Transaction Date (Month/Day/Year) | 2A. Deemed | l Date, if | 3. Transactio Code (Instr. 8) Code V | 4. Securit nAcquired Disposed (Instr. 3, 4 | ies (A) or of (D) | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect | | |
| Reminder: Rep | ort on a separate lin | e for each clas | ss of secu | | | | 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. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8 E S (1 |
|---|---|---|---|--|---------|-------------------------------------|--------------------|---|-------------------------------------|-------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (right to buy) | \$ 2.97 | 11/15/2017 | | А | 50,000 | <u>(1)</u> | 11/14/2027 | Common Stock | 50,000 | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|--|------------|---------------|-----------|---------|-------|--|--|
| | ~ | Director | 10% Owner | Officer | Other | | |
| Swirsky Douglas J C/O PERNIX THERAPEUTICS HOLDI 10 NORTH PARK PLACE, SUITE 201 MORRISTOWN, NJ 07960 | NGS, INC. | Х | | | | | |
| Signatures | | | | | | | |
| /s/ Kenneth R. Pina, attorney-in-fact | 11/17/2017 | | | | | | |
| **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).
- (1) The stock option vests in four equal annual installments of 12,500 shares over a four-year period, with the first installment vesting on November 15, 2018, which is the one-year anniversary of the grant date.

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.