Edgar Filing: CHRISTOPHER RICHARD - Form 4

| Form 4 | HER RICHARD | | | | | | | | | | |
|---|--|--|---|--|---|--|---------------------|--|--|----------------------|--|
| May 11, 2012 | | | | | | | | | OMB AI | PPROVAL | |
| FORM | UNITED 5 | TATES | | ITIES A hington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b). | 6. Filed purs Section 17(a) | uant to S) of the l | F CHAN | GES IN I SECUR | BENEFI ITIES e Securit ling Corr | [CIA] ies Ez ipany | xchang Act of | NERSHIP OF the Act of 1934, f 1935 or Sectio 40 | Expires: Estimated a burden hou response n | rs per | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> CHRISTOPHER RICHARD | | | 2. Issuer Name and Ticker or Trading Symbol DUSA PHARMACEUTICALS INC [DUSA] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | (First) (M PHARMACEUTI TON DRIVE | iddle) CALS, | 3. Date of (Month/Da 05/09/20 | - | ansaction | | | Director X Officer (give below) VP I | | Owner er (specify | |
| | | | | If Amendment, Date Original led(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 | | | |
| WILMING | TON, MA 01887 | | | | | | | Form filed by N Person | Aore than One Re | eporting | |
| (City) | (State) (Z | Zip) | Table | e I - Non-D | erivative | Securi | ties Acc | quired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemo Execution any (Month/Day/Year) | | n Date, if Transaction(A) or Disposed of Code (D) | | | SecuritiesIBeneficially0OwnedI | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | | | |
| Common Stock | 05/09/2012 | | | Code V F | Amount 1,030 | or (D) D | Price \$ 6.13 | (Instr. 3 and 4) 268,512 (2) | 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)

| 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. Transact Code (Instr. 8) | 5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and unt of rlying tities . 3 and 4) | 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 | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| CHRISTOPHER RICHARD C/O DUSA PHARMACEUTICALS, INC. 25 UPTON DRIVE WILMINGTON, MA 01887 | | | VP Finance & CFO | | | | |
| Signatures | | | | | | | |
| /s/ Richard C. 05/11/2012 Christopher | | | | | | | |

**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) These shares represent payment of withholding tax liability incident to the vesting of restricted stock granted May 9, 2008.
- Includes Stock Awards which vest at the rate of one-quarter of the total grant on each of the first, second, third and fourth anniversaries of (2) the date of the grant.

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.