Edgar Filing: MAIDA ANTHONY E III - Form 4

| MAIDA AN | THONY E III | | | | | | | | | | |
|---|----------------------|-------------|--|---------------------------------------|---|-----------|------------------------------------|--|------------------------------------|-------------------------|--|
| Form 4 | | | | | | | | | | | |
| April 12, 20 | 19 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | | |
| UNITED STATES SECURITIES | | | | | ES AND EXCHANGE COMMISSION gton, D.C. 20549 | | | OMB Number: | 3235-0287 | | |
| Check th | | | | · · · · · · · · · · · · · · · · · · · | | | | | Expires: | January 31, | |
| if no long | | MENT O | F CHAN | GES IN | ES IN BENEFICIAL OWNERSHIP OF | | | | 200 | | |
| subject to | | | | SECURITIES | | | | | Estimated average burden hours per | | |
| Form 4 or | | | | | | | | | response 0.5 | | |
| Form 5 | Filed pu | rsuant to S | Section 1 | 6(a) of the | e Securit | ies Ez | xchange | e Act of 1934, | | | |
| obligatio | ns Section 17 | | | | | | • | 1935 or Section | ı | | |
| may con See Instr | | 30(h) | of the In | vestment | Compan | y Act | of 194 | 0 | | | |
| 1(b). | | | | | - | - | | | | | |
| | | | | | | | | | | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| 1. Name and A | Address of Reporting | Person * | 2 Issuer | ssuer Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to | | | |
| | | | Symbol SPECTRUM PHARMACEUTICALS INC [SPPI] | | | | .6 | Issuer (Check all applicable) | | | |
| | | | | | | | | | | | |
| | SPPI1 | | | | | | | | | | |
| (Last) | (First) | (Middle) | | Earliest Tr | | | - - | X Director | 10% | Owner | |
| (2000) | | | | Day/Year) | | | Officer (give title Other (specify | | | | |
| | | | 04/11/2019 | | | | | below) below) | | | |
| 240 | | | | • | | | | | | | |
| | (Street) | | 4. If Ame | ndment, Da | te Original | | | 6. Individual or Joi | int/Group Filin | g(Check | |
| · / | | | | Filed(Month/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| | | | | | | | | | | | |
| HENDERS | ON, NV 89052 | | | | | | | Form filed by M Person | ore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative S | Securi | ties Acqu | iired, Disposed of, | or Beneficial | y Owned | |
| 1.Title of | 2. Transaction Dat | e 2A. Deer | ned | 3. | 4. Securit | ies Ac | quired | 5. Amount of | 6. | 7. Nature of | |
| Security | (Month/Day/Year) | Execution | | | | | | Securities | Ownership | Indirect | |
| (Instr. 3) | | any | Code (Instr. 3, 4 and 5) | | | 5) | Beneficially | Form: Direct Beneficia | | | |
| | | (Month/L | Day/Year) | (Instr. 8) | | | | Owned Following | (D) or Indirect (I) | Ownership (Instr. 4) | |
| | | | | | | | | Reported | (Instr. 4) | (Insu: I) | |
| | | | | | | (A) or | | Transaction(s) | . , | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common | | | | | | () | | | | | |
| Stock, | 0.4.11.1.10.0.1.0 | | | G (1) | 10 536 | P | \$ | 22.250 | D | | |
| \$0.001 par | 04/11/2019 | | | S <u>(1)</u> | 10,738 | D | 10.67 | 22,250 | D | | |
| value | | | | | | | | | | | |

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.

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 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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-----------------------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | | | | | |
|--|------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| MAIDA ANTHONY E III 11500 S. EASTERN AVE. SUITE 240 HENDERSON, NV 89052 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Kurt A. Gustafson, attorney Maida | 04/12/2019 | | | | | | | |

**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).
- (1) All sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on October 16, 2018.

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.

Date