SPECTRUM PHARMACEUTICALS INC

Form 4

March 24, 2016

FORM 4

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

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005 Estimated average

0.5

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Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations 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 * SHROTRIYA RAJESH C MD	2. Issuer Name and Ticker or Trading Symbol SPECTRUM PHARMACEUTICALS INC [SPPI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 11500 S. EASTERN AVE., SUITE 240	3. Date of Earliest Transaction (Month/Day/Year) 03/22/2016	X DirectorX 10% OwnerX Officer (give title Other (specify below) Chairman & CEO			
(Street)	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			
HENDERSON, NV 89052		Form filed by More than One Reporting			

\$0.001 par

11E1 (DEROOT), 11 7 07032							Person		
(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securitie on(A) or Disp (Instr. 3, 4)	osed o	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, \$0.001 par value	03/22/2016		A	100,000	A	\$ 0	1,793,249	D	
Common Stock, \$0.001 par value	03/22/2016		F	6,838 (2)	D	\$ 6.08	1,786,411	D	
Common Stock,							498,894	I	By CS Family

Trust

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Common Stock, \$0.001 par value	27,078	I	By 401(k) Plan
Common Stock, \$0.001 par value	87,018	I	By Shrotriya Gift
Common Stock, \$0.001 par value	9,523	I	By Spouse
Common Stock, \$0.001 par value	73,669	I	By Shrotriya Family Foundation
Common Stock, \$0.001 par value	10,613	I	By Shrotriya Annuity Trust

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

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SEC 1474 (9-02)

$\label{thm:convertible} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (\emph{e.g.}, puts, calls, warrants, options, convertible securities) \\ \end{tabular}$

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transa Code (Instr. 3	5. ctionNumb of 8) Deriva Securi Acqui (A) or Dispos of (D) (Instr. 4, and	(Month/Day tive ties red	Date	7. Title Amoun Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)
			Code	V (A) (Date Exercisable D)	Expiration Date	Title	Amount or Number of Shares	

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

SHROTRIYA RAJESH C MD

11500 S. EASTERN AVE.
SUITE 240

HENDERSON, NV 89052

Signatures

/s/ Kurt A. Gustafson, attorney-in-fact for Rajesh C.
Shrotriya
03/24/2016

**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) 25% of the restricted shares vested on March 22, 2016. The remaining restricted shares shall vest in 25% equal annual amounts on each anniversary date of the grant over three years.
- (2) Represents restricted shares withheld by Spectrum to satisfy Reporting Person's tax withholding obligations. The shares have not been sold by the Reporting Person or by Spectrum. The shares have been cancelled by the transfer agent.

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.

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