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ANTARES PH Form 4	ARMA, INC.											
May 16, 2008												
FORM	4							N T	OMB APPROVAL			
	- UNITED	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549				N OMB Number:	3235-0287					
Check this b if no longer subject to Section 16. Form 4 or Form 5	STATEM	TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES							January 31, 2005 average ours per 0.5			
obligations may continu <i>See</i> Instructi 1(b).	e. Section 17	(a) of the H	Public U	Jtility Hol	ding Co		of 1935 or Sect					
(Print or Type Res	ponses)											
1. Name and Address of Reporting Person <u>*</u> JACOB LEONARD S			2. Issuer Name and Ticker or Trading Symbol ANTARES PHARMA, INC. [AIS]				5. Relationship of Reporting Person(s) to Issuer] (Check all applicable)					
			3. Date of Earliest Transaction (Month/Day/Year) 05/14/2008									
C/O ANTARES PHARMA, INC, 250 PHILLIPS BLVD, SUITE 290							X_ Director 10% Owner Officer (give title Other (specify below) below)					
	(Street)	Filed(Month/Day/Year)				al	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
EWING, NJ 0	8618						Person	,	1 8			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	l of, or Beneficia	ally Owned			
	Transaction Date Ionth/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or 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)			
Reminder: Report	on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly of	or indirectly.					
					inforr requi	nation cont red to respo ays a curre	spond to the coll ained in this for ond unless the fe ntly valid OMB c	m are not orm	SEC 1474 (9-02)			
	Tab					sposed of, or convertible s	Beneficially Own securities)	ed				
1. Title of 2. Derivative Con		saction Date /Day/Year)			4. Transact	5. Number iorDerivative			7. Title and Amo Underlying Secu			

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		S (
				Code V	(A) (A		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Stock Option (right to buy)	\$ 0.85	05/14/2008		А	62,407 (1)		(2)	05/13/2018	Common Stock	62,407		
Reporting Owners												
Reporting Owner Name / Address			Relatio	nships								

Officer

Other

JACOB LEONARD S C/O ANTARES PHARMA, INC 250 PHILLIPS BLVD, SUITE 290 EWING, NJ 08618

Signatures

Robert F. Apple as attorney-in-fact for Leonard S. 05/16/2008 Jacob

Director

Х

10% Owner

**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) 32,407 options were taken in lieu of half of the Director's annual cash compensation.
- (2) The option vests in four equal quarterly installments.
- (3) Not applicable.

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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