

DAVE KAUSHIK J  
Form 3  
June 08, 2011

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Â DAVE KAUSHIK J

(Last) (First) (Middle)

250 PHILLIPS BLVD,Â SUITE  
290

(Street)

EWING,Â NJÂ 08618

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)

06/01/2011

3. Issuer Name **and** Ticker or Trading Symbol  
ANTARES PHARMA, INC. [AIS]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

☐ Director ☐ 10% Owner

☒ Officer ☐ Other  
(give title below) (specify below)

Executive Vice President

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
☒ Form filed by One Reporting Person  
☐ Form filed by More than One Reporting Person

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security  
(Instr. 4)

2. Amount of Securities Beneficially Owned  
(Instr. 4)

3. Ownership Form:  
Direct (D)  
or Indirect (I)  
(Instr. 5)

4. Nature of Indirect Beneficial Ownership  
(Instr. 5)

Common Stock

141,552 <sup>(1)</sup>

D Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security  
(Instr. 4)

2. Date Exercisable and Expiration Date  
(Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security  
(Instr. 4)

Title

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security:  
Direct (D)

6. Nature of Indirect Beneficial Ownership  
(Instr. 5)

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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	Â (2)	05/13/2018	Common Stock	125,000	\$ 0.85	D	Â
Stock Option (right to buy)	Â (2)	11/11/2018	Common Stock	175,000	\$ 0.47	D	Â
Stock Option (right to buy)	Â (2)	12/04/2018	Common Stock	25,000	\$ 0.37	D	Â
Stock Option (right to buy)	Â (2)	08/11/2019	Common Stock	25,000	\$ 0.95	D	Â
Stock Option (right to buy)	Â (2)	11/11/2019	Common Stock	75,000	\$ 1.1	D	Â
Stock Option (right to buy)	Â (2)	11/10/2020	Common Stock	75,000	\$ 1.52	D	Â
Stock Option (right to buy)	Â (2)	05/16/2021	Common Stock	51,000	\$ 1.66	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DAVE KAUSHIK J 250 PHILLIPS BLVD SUITE 290 EWING,Â NJÂ 08618	Â	Â	Â Executive Vice President	Â

## Signatures

Robert F. Apple as attorney-in-fact for Kaushik J.  
Dave

06/08/2011

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

- Includes: (i) 89,937 shares issued to and owned by Dr. Dave; (ii) 19,615 shares of restricted common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan that will vest 100% on February 22,2013; and (iii) 32,000 shares
- (1) representing the target number of shares Dr. Dave may receive pursuant to the terms of the performance stock unit award made to Dr. Dave under the 2008 Equity Compensation Plan if certain performance goals are attained over the three-year period beginning January 1, 2011 and ending December 31, 2013 and Dr. Dave continues in employment with the Company through that period.
- (2) The options vest in equal quarterly installments over three years beginning ten years prior to the expiration date.

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### Remarks:

ExhibitÂ Index:

ExhibitÂ 24,Â PowerÂ ofÂ Attorney

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

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