Edgar Filing: DEPOMED INC - Form 4

DEDOMED INC

Form 4 June 15, 20											
FORM									OMB A	PPROVAL	
	UNITED	STATES		RITIES A			NGE	COMMISSION	OMB Number:	3235-0287	
Check the if no lon subject the Section Form 4	ger STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							burden hou	Expires:January 31 2005Estimated average burden hours per response0.5	
Form 5 obligation may corn <i>See</i> Instru 1(b).	tinue. Section 17(a) of the l	Public U		ding Co	npan	y Act	ge Act of 1934, of 1935 or Sectio 940)n		
(Print or Type	Responses)										
Vargas Thadd M Sy				er Name an o MED INC			ing	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(1				of Earliest T Day/Year) 2015	ransaction			Director 10% Owner X Officer (give title Other (specify below) below) Senior VP, BD			
			Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person				
NEWARK	, CA 94560							Form filed by I Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities A	equired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	spose	d of	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Comon Stock	06/12/2015			S	5,000 (1)	D	\$ 20.7	138,153	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)

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

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Vargas Thadd M C/O DEPOMED, INC. 7999 GATEWAY BOULEVARD, SUITE 300 NEWARK, CA 94560				Senior VP, BD			
Signatures							
/s/ Thadd M. Vargas	06/15/2015						
**Signature of	Date						

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) Shares were initially purchased under Depomed, Inc.'s 2004 Equity Incentive Plan.

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.