## Edgar Filing: DEPOMED INC - Form 4

DEPOMED	) INC										
Form 4 February 10	) 2017										
FORM	ЛЛ								OMB A	PPROVAL	
<b>Washington, D.C. 20549</b>								C	MB umber:	3235-0287	
Check t if no lor subject Section	to <b>STATE</b>	MENT OF	OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					F E	xpires: stimated		
Form 4 Form 5 obligati may con <i>See</i> Inst 1(b).	or Filed pu ons ntinue.	(a) of the Pu	ction 16(a Iblic Utilit	) of the y Hold	e Securi ing Cor		nge Act of 1934 of 1935 or Sec 940	r€ 1,	urden hou esponse	•	
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Vargas Thadd M			2. Issuer Name <b>and</b> Ticker or Trading Symbol DEPOMED INC [DEPO]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)		3. Date of Earliest Transaction				(Check all applicable)				
	)MED, INC., 799 Y BOULEVARD	9 0	Month/Day/ )2/08/2017				Director X Officer (g below) SVP, 7	-		% Owner her (specify pment	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			ıl	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEWARK	, CA 94560						Form filed b Person				
(City)	(State)	(Zip)	Table I	- Non-De	erivative	Securities A	cquired, Disposed	d of, or	Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day/	ate, if Tra Coo 'Year) (Ins	nsaction. de l	4. Securit Acquired Disposed (Instr. 3, 4)	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	eport on a separate lin	e for each clas	s of securitie	es benefi	cially ow	ned directly	or indirectly.				
					inforn requii	nation cont red to responses ays a curren	spond to the coll tained in this for ond unless the f ntly valid OMB c	rm are form	not	SEC 1474 (9-02)	
	Tal					posed of, or convertible	Beneficially Own securities)	ed			
1. Title of Derivative		ansaction Date hth/Day/Year)			4. Transa	5. Numb ctiorDerivati			le and	7. Title and Amount o Underlying Securities	

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities (Month/Day/ Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		y/Year)	(Instr. 3 and 4)	
				Code V	(A)	(D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	<u>(1)</u>	02/08/2017		А	10,000	(2)	(2)	Common Stock	10,000
Stock Options	\$ 17.09	02/08/2017		А	24,000	<u>(3)</u>	02/08/2027	Common Stock	24,000

## **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			SVP, Business Development				
Signatures							

/s/ Thadd M. Vargas <u>\*\*</u>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) Each restricted stock unit represents the contingent right to receive one share of common stock upon vesting of the unit.
- (2) These restricted stock units are scheduled to vest 25% on December 1, 2017, 25% on December 1, 2018, 25% on December 1, 2019, and 25% on December 1, 2020, assuming continued employment through the applicable vesting date.
- (3) These stock options are exercisable in 48 equal monthly installments.

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.