DEPOMED INC

March 30, 2017

Form 3

FORM 3	Z UNITI	ED STAT	IES AND EXCHANGE COMMISSIO			UN	N OMB APPROVAL				
	.C. 20549	49			OMB Number:	3235-	0104				
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF										Janua	-
		17(a) of t	SH to Section 16(a) the Public Utility (h) of the Invest	y Holdir	Securities E	Act of 193		E k 4, r	Expires: Estimated a purden hou esponse	iverage	2005 0.5
(Print or Type Resp	ponses)										
MCKEE WILLIAM (Month			2. Date of Event R Statement (Month/Day/Year) 03/28/2017	ement nth/Day/Year)		3. Issuer Name and Ticker or Trading Syr DEPOMED INC [DEPO]					
(Last)	(First) (Middle)	03/20/2017		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
C/O 7999 GAT BOULEVARD		00				all applicable)		neu(m	Jinii/Duy/Teu	.)	
·	Street)				X Director Officer (give title below	 10% Other w) (specify below) 	F F	Filing(C X_ Form	dual or Join heck Applical n filed by One	ble Line)	g
NEWARK, (CAÂ 94560	0					_		n filed by Mor g Person	e than On	e
(City) ((State)	(Zip)	Tal	ble I - N	on-Derivat	ive Securiti	es Bene	eficial	ly Owned	L	
1.Title of Security (Instr. 4)			Ben	Amount of heficially (htr. 4)	Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natur Owners (Instr. 5	hip	direct Benef	cial	
Reminder: Report owned directly or	-	line for ea	ch class of securities	s benefici	ally S	EC 1473 (7-02)				
	informat required	tion conta I to respo	oond to the collec ined in this form nd unless the for IB control numb	are not m displa	ays a						
Tab	le II - Deriva	ative Secur	ities Beneficially C	Owned (e.	g., puts, calls,	warrants, opt	tions, con	vertibl	le securities)	
1. Title of Derivat (Instr. 4)	ive Security	Expir	te Exercisable and ation Date Day/Year)	Securitie	and Amount of es Underlying ve Security	f 4. Conversio		nership n of	6. Nature Beneficia (Instr. 5)	al Owners	

Derivative Security

Amount or

Number of

Shares

(Instr. 4)

Expiration Title

Date

Exercisable Date

or Exercise

Price of

(Instr. 5)

Form of

Derivative

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address			Relationships						
	Director	10% Owner	Officer	Other					
MCKEE WILLIAM C/O 7999 GATEWAY BOULEVARD, SUITE 300 NEWARK, CA 94560			Â	Â	Â				
Signatures									
/s/ William T. McKee	03/29/2017								
<u>**</u> Signature of Reporting Person	Date								

Explanation of Responses:

No securities are beneficially owned

* 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).

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.