## Edgar Filing: GONELLA JACQUES - Form 4

GONELLA J	IACQUES										
Form 4											
May 16, 201	8										
FORM	ORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSIO								OMB AF	PROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287	
Check thi		0	Expires:	January 31,							
if no long subject to	SIAIE	MENT O	Estimated average burden hours per								
	Section 16. SECURITIES								response	rs per 0.5	
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 17	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									
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u></u> GONELLA JACQUES			2. Issuer Name <b>and</b> Ticker or Trading Symbol ANTARES PHARMA, INC. [ATRS]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)							(Check all applicable)			
C/O ANTAI	RES PHARMA RINCETON SO	·,	(Month/D 05/14/20	ay/Year)				X Director Officer (give below)		Owner er (specify	
	(Street)		ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
EWING, NJ	08628							Form filed by M Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	ned n Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	05/14/2018			S	100,000 (1)	D	\$ 2.5	11,486,413	D		
Common Stock	05/15/2018			S	100,000 (1)	D	\$ 2.5	11,386,413	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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Under Securi	int of lying	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Relationships

10% Owner Officer Other

Director

Х

## **Reporting Owners**

C/O ANTARES PHARMA, INC.

**GONELLA JACQUES** 

**EWING, NJ 08628** 

**Reporting Owner Name / Address** 

100 PRINCETON SOUTH, SUITE 300

Signatures /s/ Keith Muckenhirn as attorney-in-fact for Jacques Gonella

\*\*Signature of 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) The sale of common stock reported in this Form 4 was made for estate planning purposes.

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.

05/16/2018

Date