IGI LABORATORIES, INC

Form 4

March 06, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue.

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

1(b).

Common

Common

Stock

Stock

03/05/2015

03/05/2015

(Print or Type Responses)

See Instruction

1. Name and A LIFE SCIE FUND II L	-	2. Issuer Name and Ticker or Trading Symbol IGI LABORATORIES, INC [IG]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	f Earliest T	ransaction	<u> </u>		,		
	E HALL TOWE TH STREET, 197		(Month/Day/Year) 03/05/2015			Director Officer (gibelow)		Owner er (specify		
(Street)			4. If Amendment, Date Original			6. Individual or	6. Individual or Joint/Group Filing(Check			
NEW YOR		Filed(Month/Day/Year)			Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative Securities Acq	uired, Disposed	of, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transaction Code (Instr. 8)	4. Securities Acquired (A onor Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		

Code V

S

S

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Following

Reported

Transaction(s)

(Instr. 3 and 4)

1,494,873

8,356,988

(A)

or

(D)

D

Amount

1,696,320

303,680

Price

or Indirect

(Instr. 4)

 $D^{(1)}$

 $D^{(2)}$

(Instr. 4)

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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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
						Excicisable Date	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships				
Reporting Owner Filmer Filances	Director	10% Owner	Officer	Other		
LIFE SCIENCES OPPORTUNITIES FUND II LP						
CARNEGIE HALL TOWER						
152 WEST 57TH STREET, 19TH FLOOR						
NEW YORK, NY 10019						

LIFE SCIENCES OPPORTUNITIES FUND INSTITTUTIONAL II LP CARNEGIE HALL TOWERS 152 WEST 57TH STREET, 19TH FLOOR

NEW YORK, NY 10019

GALE JAMES C 152 WEST 57TH STREET, 19TH FLOOR NEW YORK, NY 10022

SIGNET HEALTHCARE PARTNERS, LLC 152 W 57TH STREET

19TH FLOOR

NEW YORK, NY 10019

SANDERS DON A

600 TRAVIS, SUITE 5900 See Remarks

See Remarks

HOUSTON, TX 77002

MORRIS BEN T

600 TRAVIS, SUITE 5900 See Remarks

HOUSTON, TX 77002

Reporting Owners 2

Signatures

Life Sciences Opportunities Fund James C. Gale, Manager	III, L.P., By: Signet Healthcare Partners, LLC, By: /s/	03/06/2015		
	**Signature of Reporting Person	Date		
Life Sciences Opportunities Fund (Institutional) II, L.P., By. Signet Healthcare Partners, LLC, By: /s/ James C. Gale, Manager				
	**Signature of Reporting Person	Date		
James C. Gale		03/06/2015		
	**Signature of Reporting Person	Date		
James C. Gale, Manager		03/06/2015		
	**Signature of Reporting Person	Date		
Don A. Sanders		03/06/2015		
	**Signature of Reporting Person	Date		
Ben T Morris		03/06/2015		
	**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).

These securities are owned directly by Life Sciences Opportunities Fund II, L.P. and indirectly by Signet Healthcare Partners, LLC ("General Partner"), the general partner of Life Sciences Opportunities Fund II, L.P., James C. Gale, the chief investment officer, a manager, and a member of the General Partner, SMW Investments I, LLC ("SMW"), the controlling member of the General Partner,

- and Don A. Sanders, Ben T. Morris, and Donald V. Weir, the managing members of SMW. The General Partner, Mr. Gale, SMW, Mr. Sanders, Mr. Morris, and Mr. Weir disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, if any.
 - These securities are owned directly by Life Sciences Opportunities Fund (Institutional) II, L.P. and indirectly by the General Partner, Mr. Gale, the chief investment officer, a manager, and a member of the General Partner, SMW, the controlling member of the General
- (2) Partner, and Mr. Sanders, Mr. Morris, and Mr. Weir, the managing members of SMW. The General Partner, Mr. Gale, SMW, Mr. Sanders, Mr. Morris, and Mr. Weir disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, if any.

Remarks:

This is a joint filing by Life Sciences Opportunities Fund (Institutional) II, L.P., Life Sciences Opportunities Fund II, L.P., the 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.

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