Edgar Filing: IMPAX LABORATORIES INC - Form 4

IMPAX LAB Form 4 May 31, 2013	ORATORIES IN	IC										
									OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANG Washington, D.C. 20549							NGE (COMMISSION	OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or	sr STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligations may contin <i>See</i> Instruct 1(b).	Section 17(a	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										
(Print or Type Re	esponses)											
1. Name and Address of Reporting Person <u>*</u> HSU LARRY			2. Issuer Name and Ticker or Trading Symbol IMPAX LABORATORIES INC [IPXL]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O IMPAX LABORATORIES, INC., 30831 HUNTWOOD AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 05/26/2013					X Director 10% Owner X Officer (give title Other (specify below) below) President and CEO				
HAYWARD	(Street) , CA 94544			ndment, Dat th/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by N Person	One Reporting Pe	erson		
(City)	(State) ((Zip)	Table	e I - Non-D	erivative S	Securi	ties Aco	quired, Disposed o	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any		3. Transactic Code (Instr. 8) Code V	4. Securit on(A) or Di (D) (Instr. 3,	ties A spose	cquired d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-		
Common Stock	05/26/2013			F	6,001 (1)	D	\$ 18.8	677,954	D			
Common Stock								2,309,908	I	By The Hsu Family Trust		
Common Stock								151,213	Ι	By Spouse		

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

Edgar Filing: IMPAX LABORATORIES INC - Form 4

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)

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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	unt of rlying rities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number		
			Code V	(A) (D)				of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
HSU LARRY C/O IMPAX LABORATORIES, INC. 30831 HUNTWOOD AVENUE HAYWARD, CA 94544	Х		President and CEO			
Signatures						
/s/ Mark A. Schlossberg, by Power of Attorney		05/31/20	013			
** 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 shares of common stock were withheld by the issuer upon the vesting of a restricted stock award to satisfy Dr. Hsu's payroll tax
 (1) withholding obligations. Such withholding is treated as a disposition of securities under Section 16 of the Securities Exchange Act of 1934, as amended.

Remarks:

The filing of this Statement shall not be construed as an admission (a) that the person filing this Statement is, for the 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.