ANTARES PHARMA, INC.

Form 4

August 07, 2008

FORM 4

Check this box

if no longer

subject to

Section 16.

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

30(h) of the Investment Company Act of 1940

OMB Number:

3235-0287

OMB APPROVAL

Expires:

January 31, 2005

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Form 4 or Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

See Instruction 1(b).

Form 5

(Print or Type Responses)

1. Name and Address of Reporting Person * Wotton Paul K

2. Issuer Name and Ticker or Trading Symbol

ANTARES PHARMA, INC. [AIS]

5. Relationship of Reporting Person(s) to

Issuer

(Last)

(Middle)

(Zip)

3. Date of Earliest Transaction

4. If Amendment, Date Original

_X__ Director 10% Owner

(Month/Day/Year)

08/06/2008

X_ Officer (give title Other (specify below) President and COO

(Check all applicable)

C/O ANTARES PHARMA, INC., 250 PHILLIPS BLVD, SUITE 290

(Street)

(State)

08/06/2008

(First)

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

> _X_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

EWING, NJ 08618

(City)

Common

Stock

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A) or

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) 100,000 Α

(1)

Price

(2)

129,091 D

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (I (Instr. 3, 4, and 5)	Expiration D (Month/Day.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 0.8	08/06/2008		A	400,000	(3)	08/05/2018	Common Stock	400,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
Fg c ,	Director	10% Owner	Officer	Other		
Wotton Paul K C/O ANTARES PHARMA, INC. 250 PHILLIPS BLVD, SUITE 290 EWING, NJ 08618	X		President and COO			

Signatures

Robert F. Apple as attorney-in-fact for Paul K. Wotton

08/07/2008

**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).
 - Represents grant of shares of restricted common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity
- (1) Compensation Plan pursuant to Dr. Wotton's employment agreement dated July 7, 2008. The shares vest in equal annual installments over three years.
- (2) Not applicable.
 - Represents grant of options to purchase shares of common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008
- (3) Equity Compensation Plan pursuant to Dr. Wotton's employment agreement dated July 7, 2008. The options vest in equal annual installments over three years.

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.

Reporting Owners 2