#### ANTARES PHARMA, INC.

Form 4

February 13, 2014

# FORM 4

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

OMB Number:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

3235-0287

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**OMB APPROVAL** 

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

response...

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * APPLE ROBERT F			2. Issuer Name <b>and</b> Ticker or Trading Symbol ANTARES PHARMA, INC. [ATRS]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	Middle)	3. Date of Earliest Transaction				(Check all applicable)				
C/O ANTARES PHARMA, INC., 100 PRINCETON SOUTH, SUITE 300			(Month/Day/Year) 02/11/2014					Director 10% OwnerX Officer (give title Other (specify below)  Executive Vice President & CFO			
	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
EWING, N	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year) Execution Dany (Month/Day		3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	02/11/2014			A	11,236 (1)	A	\$0	380,154	D		
Common Stock	02/11/2014			F	3,484	D	\$ 4.45	376,670	D		
Common Stock	02/11/2014			D	25,000 (2)	D	\$ 0	351,670	D		
Common	02/11/2014			F	7 752	D	\$	343 918	D		

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

02/11/2014

Stock

F

7,752

D

343,918

D

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SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9
Derivative Conversion		(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	nt of	Derivative	]
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	5
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities	(Instr. 5)	]	
	Derivative				Securities			(Instr	r. 3 and 4)		(
	Security				Acquired					]	
	·				(A) or					J	
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
							Expiration Date	of			
									Number		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

APPLE ROBERT F C/O ANTARES PHARMA, INC. 100 PRINCETON SOUTH, SUITE 300 EWING, NJ 08628

Executive Vice President & CFO

## **Signatures**

Robert F. Apple 02/13/2014

\*\*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).
- (1) Represents grant of common stock, par value \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan.
  - Represents shares granted pursuant to the terms of the performance stock unit award made to Mr. Apple under the 2008 Equity
- (2) Compensation Plan if certain performance goals were attained over the three-year period beginning January 1, 2011 and ending December 31, 2013. 50,000 shares were originally reported on Form 4 filed on May 19, 2011. 25,000 shares were granted based on the achievement of certain performance goals.

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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