

Recro Pharma, Inc.  
Form 4/A  
November 03, 2016

**FORM 4**

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

1. Name and Address of Reporting Person \*  
**LUDOMIRSKI ABRAHAM**

(Last) (First) (Middle)  
490 LAPP ROAD  
(Street)  
MALVERN, PA 19355  
(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
Recro Pharma, Inc. [REPH]

3. Date of Earliest Transaction  
(Month/Day/Year)  
03/12/2014

4. If Amendment, Date Original Filed(Month/Day/Year)  
03/13/2014

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 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**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
Common Stock				(A) or (D) Price	0 (1)	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)**

## Edgar Filing: Recro Pharma, Inc. - Form 4/A

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price or Derivative Security (Instr. 3)
Stock Option (right to buy)	\$ 8					(2) 03/12/2024	Common Stock 20,000	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LUDOMIRSKI ABRAHAM 490 LAPP ROAD MALVERN, PA 19355	X			

## Signatures

/s/ Donna Nichols,  
attorney-in-fact

11/03/2016

\*\*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).  
On March 13, 2014, the reporting person filed a Form 4 mistakenly reporting (i) indirect beneficial ownership for 3,167,286 shares of common stock acquired in the conversion of Series A Redeemable Convertible Preferred Stock and 8% Convertible Promissory Notes and (ii) direct beneficial ownership of derivative securities from Series A Redeemable Convertible Preferred Stock and 8% Convertible Promissory Notes, which would convert into 1,121,548 and 2,045,738 shares of common stock, respectively, and were held by partnerships. As of March 13, 2014, the reporting person did not have indirect beneficial ownership of such shares, which were owned by SCP Vitalife Partners (Israel) II, L.P. and SCP Vitalife Partners II L.P. As of March 13, 2014, the reporting person only beneficially owned the stock option set forth in Table II above.
- (2) The option vests in three equal installments on March 12, 2015, 2016, and 2017.

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.