Edgar Filing: HAWLEY ROGER - Form 4

Form 4	iEK										
May 24, 2018											
FORM 4		CTATE	GECU	DITIES			E COMMISSIO	N.T.	PPROVAL		
	UNITED	SIAIES		shington				N OMB Number:	3235-0287 January 31,		
Check this bo if no longer		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									
subject to Section 16. Form 4 or			Estimated burden hou response	urs per							
obligations may continue	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 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 Resp	onses)										
1. Name and Addree HAWLEY ROO	2. Issuer Name and Ticker or Trading Symbol ZOGENIX, INC. [ZGNX]				5. Relationship of Reporting Person(s) to Issuer						
(Last) (First) (Middle) 3. Date of Earliest Transaction					.ı	(Check all applicable)					
C/O ZOGENIX HORTON STR	(Month/Day/Year) 05/23/2018				X_ Director 10% Owner Officer (give title Other (specify below) below)						
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				ıl	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person						
EMERYVILLE	, CA 94608						Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	ransaction Date nth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: Report of	on a separate line	e for each cl	ass of sec	urities bene	-	-	-				
					inforn requir	nation con red to resp iys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)		

 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. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

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(Instr. 3)	Price of Derivative Security	(Month	/Day/Year)	(Instr. 8)	or D (D) (Inst	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(
				Code V	7 (.	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 41.68	05/23/2018		A <u>(1)</u>	15,	,000		(2)	05/22/2028	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
HAWLEY ROGER C/O ZOGENIX, INC. 5858 HORTON STREET, SUITE 455 EMERYVILLE, CA 94608	Х							
Signatures								
/s/ Thomas Doyle, Attorney-in-fact for Roger								
Hawley	05/24/2018							
**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) Annual director stock option grant under the issuer's incentive compensation plan.
- The option was granted on May 23, 2018, the date of the Company's Annual Meeting of Stockholders, and vests in twelve (12) equal
 (2) monthly installments from the grant date such that the option is fully vested on the one-year anniversary of the date of grant, subject to the reporting person's continued service to the Company on each vesting date.

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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