## Edgar Filing: Imprimis Pharmaceuticals, Inc. - Form 4

Imprimis Pha Form 4 May 15, 2013		, Inc.										
FORM	1 4									OMB APPROVAL		
Check thi	UNIII	ED STATES		ITIES Al hington,			NGE (	COMMISSION	OMB Number:	3235-0287		
if no long	ar .								Expires:	January 31, 2005		
subject to Section 10 Form 4 or	<b>51A1</b> 6.	'EMENT O		ES IN BENEFICIAL OWNERSHIP OF ECURITIES				Estimated a burden hou response	average Irs per			
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 Section 17(a) of the Public Utility Holding Company Act of 1935 or 3 30(h) of the Investment Company Act of 1940							f 1935 or Sectio					
(Print or Type R	(esponses)											
1. Name and Address of Reporting Person <u>*</u> Kammer Robert J			2. Issuer Name <b>and</b> Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer				
			Imprimis Pharmaceuticals, Inc. [IMMY]					(Check all applicable)				
			3. Date of Earliest Transaction (Month/Day/Year)					_X_Director _X_10% Owner Officer (give titleOther (specify below)below)				
C/O IMPRIN			05/13/2015									
	EUTICALS, EL CAMINO	O REAL,										
50112 550		4. If American draw to Date Original					6 Individual or Joint/Crown Eiling(Charl					
				If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SAN DIEGO	D, CA 92130							Form filed by M Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock	05/13/2015			A <u>(1)</u>	6,281	А	<u>(2)</u>	994,827	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)

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
		Director	10% Owner	Officer	Other		
Kammer Robert J C/O IMPRIMIS PHARMACEUTICALS, INC. 12264 EL CAMINO REAL, SUITE 350 SAN DIEGO, CA 92130		Х	Х				
Signatures							
/s/ Robert Kammer	05/15/2015						

<u>\*\*</u>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).

Award of Restricted Stock Units vests quarterly in equal installments over a one year period following the date of grant. The shares(1) underlying such Restricted Stock Units will not be delivered to the Reporting Person and may not be transferred or sold until the termination of service.

(2) The Restricted Stock Units were received as a compensatory award for no consideration.

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.