BAUM MARK L Form 4 January 04, 2018

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

Imprimis Pharmaceuticals, Inc.

3. Date of Earliest Transaction

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person *

BAUM MARK L

C/O IMPRIMIS

(First) (Middle)

(Last)

PHARMACEUTICALS, INC, 12264

EL CAMINO REAL, SUITE 350

(Street)

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

Symbol

[IMMY]

(Month/Day/Year)

01/02/2018

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

OMB

Number:

Expires:

response...

Estimated average

burden hours per

OMB APPROVAL

3235-0287

January 31,

2005

0.5

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

Chief Executive Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

SAN DIEGO, CA 92130

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

Execution Date, if (Month/Day/Year)

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

5. Amount of Securities Beneficially Owned Following

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

(Instr. 4)

(A) Code V Amount (D) Price

Transaction(s) (Instr. 3 and 4)

Reported

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 | 2. | 3. Transaction Date | | 4. | 5. Number of | 6. Date Exerc | | 7. Title and A | |
|-----------------------------|------------------------------------|---------------------|------------------------|------------|--|----------------------------------|--------------------|--|----------------------------------|
| Derivative Security | Conversion or Exercise | (Month/Day/Year) | Execution Date, if any | Code | onDerivative Securities | Expiration Date (Month/Day/Year) | | Underlying Securities (Instr. 3 and 4) | |
| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8) | str. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Option - Right to Buy | \$ 1.73 | 01/02/2018 | | A | 150,000 | <u>(1)</u> | 01/02/2028 | Common Stock | 150,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|-------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| BAUM MARK L | | | | | | |
| C/O IMPRIMIS PHARMACEUTICALS, INC 12264 EL CAMINO REAL, SUITE 350 | X | | Chief Executive Officer | | | |

Signatures

SAN DIEGO, CA 92130

/s/ Mark Baum 01/04/2018

**Signature of 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 stock options granted under the Issuer's 2017 Stock Incentive and Awards Plan. The stock options vest in equal quarterly installments over a three year period.

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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