CorMedix Inc. Form 3 March 02, 2017

# FORM 3

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

**OMB APPROVAL** 

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INITIAL STATEMENT OF 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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement CorMedix Inc. [CRMD] ARMSTRONG JR. JOHN L. (Month/Day/Year) 03/01/2017 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O CORMEDIX INC., 1430 (Check all applicable) U.S. HIGHWAY 206, SUITE 200 10% Owner Director (Street) \_X\_\_ Officer Other 6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) Exec VP of Tech Operations \_X\_ Form filed by One Reporting Person BEDMINSTER, NJÂ 07921 Form filed by More than One Reporting Person (City) (State) (Zip) **Table I - Non-Derivative Securities Beneficially Owned** 1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial Beneficially Owned (Instr. 4) Ownership Ownership (Instr. 4) Form: (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

Â No securities beneficially owned 0 D

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

> Persons who respond to the collection of required to respond unless the form displays a

SEC 1473 (7-02)

information contained in this form are not currently valid OMB control number.

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

le and  3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	or Exercise Price of	Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
sab te	te Securities Underlying Derivative Security	te Securities Underlying Conversion Derivative Security or Exercise	te Securities Underlying Conversion Ownership Derivative Security or Exercise Form of (Instr. 4) Price of Derivative

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy Common Stock)	(1)	11/14/2024	Common Stock	10,000	\$ 0	D	Â
Stock Option (Right to Buy Common Stock)	(2)	07/28/2025	Common Stock	15,000	\$ 0	D	Â
Stock Option (Right to Buy Common Stock)	(3)	03/08/2026	Common Stock	200,000	\$ 0	D	Â
Restricted Stock Units	(4)	02/28/2027	Common Stock	36,057	\$ 0	D	Â

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
<b>Fg</b>	Director	10% Owner	Officer	Other	
ARMSTRONG JR. JOHN L. C/O CORMEDIX INC. 1430 U.S. HIGHWAY 206, SUITE 200 BEDMINSTER, NJ 07921	Â	Â	Exec VP of Tech Operations	Â	

## **Signatures**

/s/ Alexander M. Donaldson, by power of attorney 03/02/2017

\*\*Signature of Reporting Person

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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) These options vested upon the achievement of certain milestones, subject to continued employment.
- One third of these options vested upon the achievement of a certain milestone and one third vested on each of December 31, 2015 and July 28, 2016.

Date

- (3) 15,000 of these options vest monthly over four years, beginning on March 9, 2016, 20,000 vest upon the achievement of a certain milestone, subject to continued employment, and the rest vested upon the achievement of certain milestones.
- Each restricted stock unit represents the right to receive one share of CorMedix Inc. common stock. The restricted stock units vest 50% on December 31, 2017 and 50% on December 31, 2018, subject to continued employment.

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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