Edgar Filing: LANGER DENNIS - Form 4

LANCED DENNIG

| Form 4 May 22, 2018 | | | | | | | | |
|---|---|---|--|--|---|--|--|--|
| May 23, 2018 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO | | | | | OMB APPROVAL | | | |
| • • • • • • UNITED | | RITIES AND EXCHANG Ashington, D.C. 20549 | E COMMISSION | OMB Number: | 3235-0287 | | | |
| Check this box if no longer subject to Section 16. Form 4 or | | NGES IN BENEFICIAL O SECURITIES | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | | | | |
| abligations * | rsuant to Section (a) of the Public U 30(h) of the I | n | | | | | | |
| (Print or Type Responses) | | | | | | | | |
| 1. Name and Address of Reporting LANGER DENNIS | Symbol PERN | er Name and Ticker or Trading IX THERAPEUTICS DINGS, INC. [PTX] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) (First) (C/O PERNIX THERAPEUT HOLDINGS, INC., 10 NOR PARK PLACE, SUITE 201 | (Middle) 3. Date (Month/ (Month/ FICS 05/22/2 | of Earliest Transaction Day/Year) | X Director Officer (give below) | | % Owner er (specify | | | |
| (Street) | | nendment, Date Original onth/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| MORRISTOWN, NJ 07960 | | | Person | | oporting | | | |
| (City) (State) | (Zip) Tak | ole I - Non-Derivative Securities | Acquired, Disposed of | , 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. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | SecuritiesFBeneficially(I)Owned(I)Following(I)ReportedTransaction(s)(Instr. 3 and 4) | . Ownership form: Direct D) or Indirect I) Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Reminder: Report on a separate line | e for each class of sec | Code V Amount (D) Price | | | | | | |

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se any (Month/Day/Year | | Code Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8 I S (| |
|---|---|------------------------|-----------|-----------------|--------|--|---------------------|---|-----------------|-------------------------------------|--|
| | | | | Code V | 7 (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (right to buy) | \$ 2.63 | 05/22/2018 | | А | 25,000 | | (1) | 05/21/2018 | Common Stock | 25,000 | |
| Reporting Owners | | | | | | | | | | | |
| Reporting Owner Name / Address | | Relationships | | | | | | | | | |
| | | | Director | 10% Owner | 0 | fficer Other | | | | | |
| LANGER DENNIS C/O PERNIX THERAPEUTICS HOLDINGS, INC. 10 NORTH PARK PLACE, SUITE 201 MORRISTOWN, NJ 07960 | | Х | | | | | | | | | |
| Signa | tures | | | | | | | | | | |
| /s/ Kenneth R. Pina, Attorney-in-Fact for Dennis Langer | | 0 | 5/23/2018 | | | | | | | | |
| | <u>**</u> Signatu | re of Reporting Person | | | Date | | | | | | |
| Expla | nation | of Respo | nses: | | | | | | | | |

- * 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) The stock option vests in four equal annual installments of 6,250 shares over a four-year period, with the first installment vesting on May 22, 2019, which is the one-year anniversary of the grant 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.