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Form 4												
January 22, 2013	TATES SI	S SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL			
			Was	hingto	on, l	D.C. 2054	19			Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWN SECURITIES						ERSHIP OF	Expires: Estimated a burden hour response	•	
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(a) of the Pub	olic Uti	ility H	oldi		any A	Act of	Act of 1934, 1935 or Section 0	1		
(Print or Type Respondence)	nses)											
Goldan Keith A. Symbol NUPAT			mbol	er Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			NUPATHE INC. [PATH] 3. Date of Earliest Transaction									
(Last) (First) (Middle) 3. Date of (Month/D C/O NUPATHE INC.,, 227 WASHINGTON STREET, SUITE 200				Day/Year)					Director 10% Owner X_ Officer (give title Other (specify below) below) CFO and VP			
((Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
CONSHOHOCK	KEN, PA 1942	28							Form filed by M Person			
(City) ((State) (A	Zip)	Table	e I - Noi	1-De	erivative Se	curitie	es Acqu	iired, Disposed of,	, or Beneficiall	y Owned	
	ransaction Date onth/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ate, if	Code	ctior 8)	4. Securitie (A) or Disp (Instr. 3, 4) Amount	osed o		Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common 01/	17/2013			A		125,000	A	\$0	166,066	D		

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

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)

Reporting Owners

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					., und c)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Goldan Keith A. C/O NUPATHE INC., 227 WASHINGTON STREET, SUITE 200 CONSHOHOCKEN, PA 19428			CFO and VP				
Signatures							
/s/ Michael F. Marino, Attorney-in-Fact for t Person	he Report	ing	01/22/2013				
** 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).

These restricted stock units were previously granted to the Reporting Person under the NuPathe Inc. 2010 Omnibus Incentive Compensation Plan, subject to the achievement of certain performance criteria. On January 17, 2013, the performance criteria applicable to these restricted stock units was met. As a result, 1/3 of the restricted stock units will vest on January 17, 2014 (the one-year anniversary of the achievement of the performance crieria) with the balance vesting in 8 equal quarterly installments

(1) thereafter. Vested shares will be delivered to the Reporting Person on the earliest of: (i) March 31 of the calendar year immediately following the year in which the restricted stock unit vests, (ii) a change of control of the Issuer or (iii) the Reporting Person's separation from service with the Issuer.

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.