Dermira, Inc.								
Form 4								
February 22, 2								
FORM	4 UNITED S	TATES SECUR	ITIES AND EXCHANGE	COMMISSION		PPROVAL		
			hington, D.C. 20549	COMMISSION	OMB Number:	3235-0287		
Check this if no longe	ar .				Expires:	January 31, 2005		
subject to Section 16 Form 4 or	5 I A I EIVII 5.		OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES			Estimated average burden hours per response 0.5		
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 17(a)) of the Public Ut	6(a) of the Securities Exchang ility Holding Company Act of vestment Company Act of 19	of 1935 or Section	n			
(Print or Type Ro	esponses)							
1. Name and Ad BAUER EUG	ldress of Reporting Po GENE A	Symbol	2. Issuer Name and Ticker or Trading Symbol Dermira, Inc. [DERM]		5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Mi		Earliest Transaction	(Chec	k all applicable	e)		
C/O DERMI	RA, INC., 275 ELD ROAD, SUIT	(Month/D 02/17/20	ay/Year)	Director 10% Owner Officer (give title Other (specify below) Chief Medical Officer				
			ndment, Date Original th/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 				
MENLO PA	RK, CA 94025			Person	fore than One R	eporting		
(City)	(State) (Z	Zip) Table	e I - Non-Derivative Securities Ac	quired, 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 Code V Amount (D) Price	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock			Couc V Amount (D) Thee	3,489 <u>(1)</u>	D			
Common Stock				46,978	I	By the Bauer Family 1995 Trust (2)		

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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)

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)	Code	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date Underly		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options (Right to buy)	\$ 33.84	02/17/2017		A	48,750	<u>(3)</u>	02/16/2027	Common Stock	48,750
Restricted Stock Unit	<u>(4)</u>	02/17/2017		А	8,125	(5)	(4)	Common Stock	8,125

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
BAUER EUGENE A C/O DERMIRA, INC. 275 MIDDLEFIELD ROAD, SUITE 150 MENLO PARK, CA 94025			Chief Medical Officer		
Signatures					
/s/ Christine Ring as attorney-in-fact	02/22/201	7			
**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).
- (1) These shares include prior ESPP purchases.
- (2) The Reporting Person is a Co-Trustee.
- (3) The stock option vests and becomes exercisable as to 1/48th of the shares in equal monthly installments with the first 1/48th of the shares vesting on February 1, 2017, subject to the continuing employment of the Reporting person on the applicable vesting date.
- (4) Each RSU represents a contingent right to receive one share of DERM common stock.

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(5) Vests as to 10% of the shares on August 15, 2017, 30% on August 15, 2018, 30% on August 15, 2019, 30% on August 15,2020, subject to the continuing employment of the Reporting Person on each vesting 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.