

ANTARES PHARMA, INC.  
Form 3  
September 12, 2016

**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 Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Muckenhirn Keith E		(Month/Day/Year)	ANTARES PHARMA, INC. [ATRS]	
(Last)	(First)	(Middle)	09/04/2016	
C/O ANTARES PHARMA, INC., Â 100 PRINCETON SOUTH, SUITE 300			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
EWING, Â NJ Â 08628			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
			VP/Controller & Interim CFO	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	50,000	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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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)	01/16/2010 <sup>(1)</sup>	01/15/2017	Common Stock \$0.01 par value per share	30,000	\$ 1.23	D	Â
Stock Option (right to buy)	05/10/2010 <sup>(1)</sup>	05/09/2017	Common Stock \$0.01 par value per share	15,000	\$ 1.65	D	Â
Stock Option (right to buy)	05/14/2011 <sup>(1)</sup>	05/13/2018	Common Stock \$0.01 par value per share	45,000	\$ 0.85	D	Â
Stock Option (right to buy)	11/12/2011 <sup>(1)</sup>	11/11/2018	Common Stock \$0.01 par value per share	20,000	\$ 0.47	D	Â
Stock Option (right to buy)	11/11/2012 <sup>(1)</sup>	11/11/2019	Common Stock \$0.01 par value per share	45,000	\$ 1.1	D	Â
Stock Option (right to buy)	11/11/2013 <sup>(1)</sup>	11/10/2020	Common Stock \$0.01 par value per share	35,000	\$ 1.52	D	Â
Stock Option (right to buy)	05/17/2015 <sup>(1)</sup>	05/16/2022	Common Stock \$0.01 par value per share	20,000	\$ 2.94	D	Â
Stock Option (right to buy)	05/22/2016 <sup>(1)</sup>	05/22/2023	Common Stock \$0.01 par value per share	30,000	\$ 3.96	D	Â
Stock Option (right to buy)	Â <sup>(2)</sup>	11/19/2024	Common Stock \$0.01 par	35,000	\$ 2.29	D	Â

			value per share				
Stock Option (right to buy)	Â (3)	05/29/2024	Common Stock \$0.01 par value per share	35,000	\$ 3.09	D	Â
Stock Option (right to buy)	Â (4)	05/28/2025	Common Stock \$0.01 par value per share	35,000	\$ 2.18	D	Â
Stock Option (right to buy)	Â (5)	06/02/2026	Common Stock \$0.01 par value per share	40,000	\$ 1.12	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Muckenhirn Keith E C/O ANTARES PHARMA, INC. 100 PRINCETON SOUTH, SUITE 300 EWING, NJ 08628	Â	Â	Â VP/Controller & Interim CFO	Â

## Signatures

Keith Muckenhirn 09/12/2016

\*\*Signature of Reporting Person Date

## 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) Represents grant of options to purchase shares of common stock, par value of \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan. The options vested in equal quarterly installments over three years from the initial grant date. The exercisable date listed above represents the date the options became fully vested and exercisable.
- (2) Represents grant of options to purchase shares of common stock, par value of \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan. The options were granted on November 20, 2014 and are vesting in equal quarterly installments over three years from the initial grant date.
- (3) Represents grant of options to purchase shares of common stock, par value of \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan. The options were granted on May 29, 2014 and are vesting in equal quarterly installments over three years from the initial grant date.
- (4) Represents grant of options to purchase shares of common stock, par value of \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan. The options were granted on May 28, 2015 and are vesting in equal quarterly installments over three years from the initial grant date.

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- (5) Represents grant of options to purchase shares of common stock, par value of \$0.01 per share, issued under the Antares Pharma, Inc. 2008 Equity Compensation Plan. The options were granted on June 2, 2016 and are vesting in equal quarterly installments over three years from the initial 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.