Kaplan Myron Form 4 December 17, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

3235-0287 Number: January 31,

Expires: 2005 Estimated average

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue.

(Zin)

(State)

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 See Instruction 1(b).

(Print or Type Responses)

(City)

Name and Address of Reporting Person * Kaplan Myron			2. Issuer Name and Ticker or Trading Symbol CorMedix Inc. [CRMD]	5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
			(Month/Day/Year)	Director 10% Owner		
C/O CORMEDIX INC., 400 CONNELL DRIVE, SUITE 5000			12/14/2018	Officer (give titleOther (specifielow)		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
BERKELEY I	HEIGHTS	, NJ 07922	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State)	Table	e I - Non-D	erivative Secu	rities Acqu	iired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities An(A) or Dispose (Instr. 3, 4 and (A) or Amount (D)	ed of (D) 15)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	12/14/2018		P	50,000 A	\$ 1.466 (1)	431,166	D	

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

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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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. ofNumber of Derivative Securities		ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price Derive Securi (Instr.
	Security				Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy Common Stock)	\$ 0.57					<u>(2)</u>	02/16/2028	Common Stock	40,000	
Stock Option (Right to Buy Common Stock)	\$ 2.24					(3)	02/21/2027	Common Stock	40,000	
Stock Option (Right to Buy Common Stock)	\$ 4.28					<u>(4)</u>	04/28/2026	Common Stock	50,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Othor		

Kaplan Myron C/O CORMEDIX INC. 400 CONNELL DRIVE, SUITE 5000 BERKELEY HEIGHTS, NJ 07922

Signatures

/s/ Alexander M. Donaldson, by power of attorney

12/17/2018 Date

**Signature of Reporting Person

Reporting Owners 2 Edgar Filing: Kaplan Myron - Form 4

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) Represents the weighted average purchase price of the shares purchased ranging from a low of \$1.4350 to a high of \$1.47 per share.
- (2) These options were granted on 2/16/2018. These options vest in full on the first anniversary of the date of grant, subject to continued service on the board.
- (3) These options were granted on 2/21/2017. The options vest in full on the first anniversary of the date of grant, subject to continued service on the board.
- (4) These options were granted on 4/28/2016. These options shall vest as follows: 1/3 on 4/28/2016, 1/3 on 4/28/2017, and 1/3 on 4/28/2018. 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.