## Edgar Filing: Freeman Jonathan E - Form 4

Freeman Jona	athan E											
Form 4												
August 03, 20	018											
EODM									-	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi				0 /					Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENE					BENEFI	NEFICIAL OWNERSHIP OF				2005		
Section 1				SECUR	ITIES				Estimated average burden hours per			
Form 4 or									response	•		
Form 5	Filed p	pursuant to	Section 10	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,				
obligatior may conti	Nection	· · /		•	<b>U</b> .			f 1935 or Sectio	n			
See Instru 1(b).		30(h)	) of the In	vestment	Company	/ Act	of 194	40				
(Print or Type R	(esponses)											
Freeman Jonathan E Symbol								5. Relationship of Reporting Person(s) to Issuer				
				Pharmaceuticals Corp [RXII]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction									
			onth/Day/Year)				_X_ Director		Owner			
C/O 257 SIMARANO DRIVE, 08/01/20				2018				Officer (give title Other (specify below) below)				
SUITE 101												
(Street) 4. If Ame				Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mo				(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
MARIBOR	OUGH, MA (	)1752						Form filed by N				
MARLBOR		)1/J2						Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date 2A. Deemed			3. 4. Securities Acquired					6. Ownership			
Security (Instr. 3)	(Month/Day/Ye		on Date, if Transaction(A) or Disposed of				of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(IIIsu. 5)		any (Month/	Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				6)	Owned	Indirect (I)	Ownership		
		× ×	, í	(				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
G				Code V	Amount	(D)	Price	(insu: 5 and +)				
Common Stock	08/01/2018			А	10,000 (1)	А	\$0	10,000	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)

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)	4. Transact Code (Instr. 8)	5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Freeman Jonathan E C/O 257 SIMARANO DRIVE, SUITE 101 MARLBOROUGH, MA 01752	Х							
Signatures								
Caitlin Kontulis, 08/03 attorney-in-fact	3/2018							

\*\*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) Represents shares underlying a restricted stock unit, which shares will vest in one installment on the first 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.