Adamas Pharmaceuticals Inc

Form 3

August 08, 2016

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**OMB APPROVAL** 

**OMB** Number:

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**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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement Adamas Pharmaceuticals Inc [ADMS]  **GREAT POINT PARTNERS** (Month/Day/Year) 07/29/2016 LLC (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 165 MASON STREET, 3RD (Check all applicable) FLOOR.Â (Street) 6. Individual or Joint/Group Director \_\_X\_\_ 10% Owner Officer Other Filing(Check Applicable Line) (give title below) (specify below) Form filed by One Reporting Person GREENWICH. CTÂ 06830

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

(State)

(City)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership Form:

4. Nature of Indirect Beneficial

Reporting Person

\_X\_ Form filed by More than One

Ownership (Instr. 5)

Direct (D) or Indirect (I)

(Instr. 5)

Common Stock  $2,601,351 \stackrel{(1)}{=}$ Ι Investment Manager (2)

Reminder: Report on a separate line for each class of securities beneficially

SEC 1473 (7-02)

4.

owned directly or indirectly.

(Zip)

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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 3. Title and Amount of **Expiration Date** (Month/Day/Year)

Securities Underlying Derivative Security (Instr. 4)

5. Ownership Conversion Form of

6. Nature of Indirect Beneficial Ownership

(Instr. 5)

or Exercise Price of Derivative Derivative Security:

### Edgar Filing: Adamas Pharmaceuticals Inc - Form 3

Date Expiration Title Amount or Security Direct (D)

Exercisable Date Number of or Indirect
Shares (I)

(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships			
Topotomy of the Finance, France	Director	10% Owner	Officer	Othe
GREAT POINT PARTNERS LLC 165 MASON STREET, 3RD FLOOR GREENWICH, CT 06830	Â	ÂX	Â	Â
JAY JEFFREY R C/O GREAT POINT PARTNERS, LLC 165 MASON STREET, 3RD FLOOR GREENWICH, CT 06830	Â	ÂX	Â	Â
KROIN DAVID C/O GREAT POINT PARTNERS LLC 165 MASON STREET, 3RD FLOOR GREENWICH Â CTÂ 06830	Â	ÂX	Â	Â

## **Signatures**

Great Point Partners, LLC Member	C/s/ Dr. Jeffrey R. Jay, M.D., Senior Managing	08/08/2016
	**Signature of Reporting Person	Date
/s/ Dr. Jeffrey R. Jay, M.I	).	08/08/2016
	**Signature of Reporting Person	Date
/s/ David Kroin		08/08/2016
	**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).
- Consists of 717,743 shares owned by Biomedical Value Fund, L.P. ("BVF"), 1,034,470 shares owned by Biomedical Offshore Value (1) Fund, Ltd. ("BOVF"), 802,033 shares owned by GEF-SMA, L.P. ("GEF-SMA"), and 47,105 shares owned by Class D Series of GEF-PS, LP ("GEF-PS").
  - Great Point Partners, LLC ("Great Point") is the investment manager of each of BVF, BOVF, GEF-SMA and GEF-PS, and by virtue of such status may be deemed to be the beneficial owner of the shares owned by each of them. Each of Dr. Jeffrey R. Jay, M.D. ("Dr. Jay"),
- (2) as senior managing member of Great Point, and Mr. David Kroin ("Mr. Kroin"), as special managing member of Great Point, has voting and investment power with respect to such shares, and therefore may be deemed to be the beneficial owner of such shares. Great Point, Dr. Jay and Mr. Kroin disclaim beneficial ownership of such shares except to the extent of their respective pecuniary interests.

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.

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