Edgar Filing: SPECTRUM PHARMACEUTICALS INC - Form 4 SPECTRUM PHARMACEUTICALS INC Form 4 December 20, 2013 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1 Name and Address of Departing D

OMB APPROVAL OMB

3235-0287 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

	Address of Repor YA RAJESH (-	2. Issuer Name a Symbol	and Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
			SPECTRUM PHARMACE	UTICALS INC [SPPI]	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earlies		X Director X Officer (g		0% Owner Other (specify		
11500 0 5			(Month/Day/Year	;)	below)	below)	Stiler (speerry		
11500 S. EASTERN AVE., SUITE			12/19/2013		Chairman, CEO & President				
240									
	(Street)		4. If Amendment,	Date Original	6. Individual or	Joint/Group F	iling(Check		
			Filed(Month/Day/Y	(ear)	Applicable Line)				
					X Form filed b				
HENDERS	SON, NV 8905	52			Form filed by Person	y More than One	Reporting		
(City)	(State)	(Zip)	Table I - No	n-Derivative Securities Ac	quired, Disposed	of, or Benefic	cially Owned		
1.Title of	2. Transaction	Date 2A. Deem	ied 3.	4. Securities Acquired	5. Amount of	6.	7. Nature of		

I. Little of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Stock, \$0.001 par value	12/19/2013		F	17,110 (1)	D	\$ 8.24	1,861,193	D		
Common Stock, \$0.001 par value							23,136	I	By 401(k) plan	
Common Stock, \$0.001 par							57,177	I	By Shrotriya Family Foundation	

value

Common Stock, \$0.001 par value	445,993	I	By CS Family Trust
Common Stock, \$0.001 par value	10,676	I	By Shrotriya Gift Trust
Common Stock, \$0.001 par value	9,523	I	By Spouse

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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Titl Amou Under Securi (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SHROTRIYA RAJESH C MD 11500 S. EASTERN AVE. SUITE 240 HENDERSON, NV 89052	Х		Chairman, CEO & President				

Signatures

/s/ Kurt A. Gustafson, attorney-in-fact for Rajesh C. Shrotriya

12/20/2013

**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 restricted shares withheld by Spectrum to satisfy the Reporting Person's tax withholding obligations.

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.