Edgar Filing: SPECTRUM PHARMACEUTICALS INC - Form 4

SPECTRUM PHARMACEUTICALS INC

Form 4

\$0.001 par

February 20, 2015

FORM	1 4									PPROVAL		
Washington, D.C. 20549									OMB Number:	3235-0287		
	Check this box							Expires:	January 31,			
subject to Section 1	if no longer subject to Section 16. Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							NERSHIP OF	Estimated average burden hours per			
Form 4 o Form 5 obligation may cont See Instru 1(b).	Filed purns Section 17	(a) of the		ility Hold	ing Com	pany	Act of	e Act of 1934, 1935 or Sectio	response	0.5		
(Print or Type I	Responses)											
1. Name and Address of Reporting Person 2. Issue GUSTAFSON KURT A Symbol SPECT								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			PHARM	[ACEUT]	ICALS II	NC [S	SPPI]	(Check all applicable)				
			(Month/D	-	ansaction			Director 10% Owner Officer (give title Other (specify below)				
11500 S. EA 240	ASTERN AVE.,	SUITE	02/18/20)15				EVP & Ch	nief Financial O	fficer		
				ndment, Dar th/Day/Year)	_			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)	7 7.1.1	I N D	• 4• 6			Person				
							_	uired, Disposed of				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 8)	4. Securition(A) or Dis (Instr. 3, 4	sposed 4 and 5 (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock, \$0.001 par value	02/18/2015			Code V	25,000 (1)	(D)	Price \$ 0	134,638	D			
Common Stock, \$0.001 par value	02/18/2015			F	2,872 (2)	D	\$ 7.23	131,766	D			
Common Stock,								1,990	I	by 401(k) Plan		

Edgar Filing: SPECTRUM PHARMACEUTICALS INC - Form 4

value

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.

SEC 1474 (9-02)

9. Nu

Deriv

Secu

Bene Own Follo Repo Trans (Instr

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. Transa Code (Instr.	8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)
				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

GUSTAFSON KURT A 11500 S. EASTERN AVE. SUITE 240 HENDERSON, NV 89052

EVP & Chief Financial Officer

Signatures

/s/ Kurt A. Gustafson 02/20/2015

**Signature of Date
Reporting Person

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) 25% of the restricted shares vested on February 18, 2015. The remaining restricted shares shall vest in 25% equal annual amounts on each anniversary date of the grant over three years.
- (2) Represents restricted shares withheld by Spectrum to satisfy the Reporting Person's tax withholding obligations. The shares have not been sold by the Reporting Person or by Spectrum. The shares have been cancelled by the transfer agent and returned to Spectrum's authorized

Reporting Owners 2

Edgar Filing: SPECTRUM PHARMACEUTICALS INC - Form 4

and unissued share pool.

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.