CorMedix Inc. Form 3 February 09, 2017 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31,

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Expires:

response...

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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 Person <u>*</u> Abrams Judith R			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol CorMedix Inc. [CRMD]				
(Last)	(First)	(Middle)	02/01/2017		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O CORMEDIX INC., 1430 US HIGHWAY 206, SUITE 200				(Check all applicable)				
(Street) BEDMINSTER, NJ 07921				Director 10% Owner X Officer Other (give title below) (specify below) Chief Medical Officer		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I -	Non-Deriva	ive Securities Beneficially Owned			
1.Title of Sec (Instr. 4)	curity		2. Amount Beneficially (Instr. 4)	of Securities v Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*	
No securities beneficially owned			0		D	Â		
Reminder: Report on a separate line for each class owned directly or indirectly.		ch class of securities benefic	cially S	SEC 1473 (7-02)			
	inform	nation conta	pond to the collection o ained in this form are no nd unless the form disp	t				

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	
			Security	Direct (D)	

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Abrams Judith R C/O CORMEDIX INC. 1430 US HIGHWAY 206, SUITE 200 BEDMINSTER, NJ 07921		Â	Â	Chief Medical Officer	Â		
Signatures							
/s/ Alexander M. Donaldson	02/09/2017						
<u>**</u> 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).

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.