

Hadar Ilan
Form 4
January 03, 2019

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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 Person *
Hadar Ilan

2. Issuer Name and Ticker or Trading Symbol
Foamix Pharmaceuticals Ltd.
[FOMX]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction
(Month/Day/Year)
01/01/2019

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
CFO & Country Manager

C/O FOAMIX
PHARMACEUTICALS LTD., 2
HOLZMAN STREET

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
____ Form filed by More than One Reporting Person

REHOVOT, L3 7670402

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
Ordinary Shares	01/01/2019		A	(A) or (D) Code V Amount (D) Price A 40,712 (1) A \$ 0	133,091	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
Option (right to buy)	\$ 3.81	01/01/2019		A	94,996	(2) 01/01/2029	Ordinary Shares	94,996

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Hadar Ilan C/O FOAMIX PHARMACEUTICALS LTD. 2 HOLZMAN STREET REHOVOT, L3 7670402			CFO & Country Manager	

Signatures

/s/ Mutya Harsch as attorney-in-fact for Ilan Hadar
 01/03/2019
 **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) These shares are represented by restricted share units. Each restricted share unit represents a contingent right to receive one ordinary share of the Issuer. The ordinary shares underlying this restricted share unit award vest over a period of four years from the end of the calendar quarter in which the grant was made (25% on March 31, 2020, and 6.25% every three months thereafter on the last day of the quarter) ending March 31, 2023, subject to the reporting person's continuous service with the Issuer as of each such vesting date
- (2) The ordinary shares underlying these options vest over a period of four years from the end of the calendar quarter in which the grant was made (25% on March 31, 2020, and 6.25% every three months thereafter on the last day of the quarter) ending March 31, 2023, subject to the reporting person's continuous service with the Issuer as of each such vesting 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.