Edgar Filing: HORIZON PHARMA, INC. - Form 4

HORIZON Form 4 June 30, 20	PHARMA, INC.										
FORM	ЛЛ								-	APPRC	VAL
	UNITED	STATES		RITIES A			NGE	COMMISSIO	N OMB Number	32	35-0287
Check t if no lo subject Section Form 4 Form 5 obligati	F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange					ige Act of 1934	Estimate burden h response	Expires: Janua Estimated average burden hours per response			
may co See Inst 1(b).	ntinue. Section 17			Itility Hol nvestmen	•	· ·		of 1935 or Sect 940	ion		
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Watkins Thomas			2. Issuer Name and Ticker or Trading Symbol HORIZON PHARMA, INC. [HZNP]					Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of	of Earliest T	ransaction			(Cn	еск ап аррпса	ibie)	
520 LAKE COOK ROAD, SUITE 520			(Month/Day/Year) 06/27/2014					_X_ Director10% Owner Officer (give titleOther (specify below)below)			
				mendment, Date Original Month/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 			
DEERFIE	LD, IL 60015							Person	More than One	Reporting	3
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securi	ities A	cquired, Disposed	of, or Benefi	cially Ov	ned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemo Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, Amount	(A) or of (D) 4 and 5 (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indire (I) (Instr. 4)	Indire	ficial ership
Reminder: Re	eport on a separate lin	e for each cl	ass of sec	urities bene	Perso	ons wh	no res	r indirectly. pond to the colle ained in this forr		SEC 14 (9-0	

Persons who respond to the collection of SEC 14. information contained in this form are not (9-0 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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	of Underlying
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	Securities

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8		Acquired (or Dispose (D) (Instr. 3, 4 and 5)	ed of			(Instr. 3 and 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Non-qualified stock options	\$ 15.96	06/27/2014		А		20,000		<u>(1)</u>	06/26/2024	common stock	20,00

Reporting Owners

Reporting Owner Name / Address	Relationships						
Fg	Director	10% Owner	Officer	Other			
Watkins Thomas 520 LAKE COOK ROAD, SUITE 520 DEERFIELD, IL 60015	Х						
Signatures							
/s/ Robert J. De Vaere, Attorney-In-Fact	06/3	30/2014					
<u>**</u> Signature of Reporting Person	Ι	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) The options vest and become exercisable in equal installments over 12 months following the grant 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.