Masson Elizabeth Form 4 January 11, 2019

FORM 4

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

Check this box subject to

if no longer Section 16. Form 4 or Form 5

obligations may continue. See Instruction 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(b).

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Masson Elizabeth Issuer Symbol CorMedix Inc. [CRMD] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner Officer (give title Other (specify C/O CORMEDIX INC., 400 01/10/2019 below) below) CONNELL DRIVE, SUITE 5000 EVP, Head of Clinical Ops. (Street) 4. If Amendment, Date Original

BERKELEY HEIGHTS, NJ 07922

6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial

(Instr. 3, 4 and 5) Indirect (I) Ownership (Month/Day/Year) (Instr. 8) Owned Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s)

or (Instr. 3 and 4) Code V Amount (D) Price

Common 40,000 D Stock

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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3235-0287

January 31,

2005

0.5

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Number:

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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. Transacti Code (Instr. 8) | Secu Secu Acqu Disp | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exerc Expiration D (Month/Day/ | ate | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|---------------------------------------|------------------------------|---|-----|--|--------------------|---|--------------------------------|
| | | | | Code V | 7 (| (A) | (D) | Date Exercisable | Expiration Date | Title | Amount o Number o Shares |
| Stock Option (Right to Buy Common Stock) | \$ 1.66 | 01/10/2019 | | A | 120 | 0,000 | | <u>(1)</u> | 01/10/2029 | Common Stock | 120,000 |
| Stock Option (Right to Buy Common Stock) | \$ 0.29 | | | | | | | (2) | 03/19/2028 | Common Stock | 270,000 |

Reporting Owners

| Reporting Owner Name / Address | Kelationships | | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |

Masson Elizabeth C/O CORMEDIX INC. 400 CONNELL DRIVE, SUITE 5000 BERKELEY HEIGHTS, NJ 07922

EVP, Head of Clinical Ops.

Signatures

/s/ Alexander M. Donaldson, by power of attorney

01/11/2019 Date

**Signature of 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).
- These options were granted on 1/10/2019. These options vest, subject to continued employment, as follows: 35% of the options vest over time, with 25% vested on the grant date and 25% vesting on the first, second and third anniversaries of the grant date; and 65% of the options vest upon the achievement of certain milestones.
- The options vest as follows: 186,000 will vest over four years in four (4) equal installments on the first four anniversaries of 3/19/2018. The remaining options vest on the achievement of certain milestones, subject to continued employment.

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.

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