### Edgar Filing: MARCHIO ALBERT N II - Form 4

	ALBERT N II									
Form 4 January 03,	2018									
FORM	ЛЛ							-	PPROVAL	
	UNITED	STATES			AND EX , D.C. 20		COMMISSIO	N OMB Number:	3235-0287	
Check t if no loi	agor							Expires:	January 31, 2005	
subject Section Form 4	to <b>SIAIE</b> 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated burden hou response	average urs per	
Form 5 obligati may con	ons ntinue. Section 170	(a) of the	Public U	Jtility Hol	lding Con		nge Act of 1934, of 1935 or Secti 940			
<i>See</i> Inst 1(b).	ruction	50(1)	or the h	ii vestinen	t Compun	<i>y n</i> et of 1	210			
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> MARCHIO ALBERT N II			2. Issuer Name <b>and</b> Ticker or Trading Symbol Edge Therapeutics, Inc. [EDGE]			5. Relationship of Reporting Person(s) to Issuer				
						(Check all applicable)				
(Last)	(First) (	Middle)		of Earliest T	Transaction					
300 CONNELL DRIVE,, SUITE 4000			(Month/Day/Year) 01/02/2018				Director 10% Owner X Officer (give title Other (specify below) below) Chief Accounting & Adm Officer			
	(Street)		4. If Am	endment. D	ate Origina		6. Individual or	-		
BERKELE	EY HEIGHTS, NJ	07922		onth/Day/Yea	-		Applicable Line) _X_ Form filed by	-	erson	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deema Month/Day/Year) Execution any (Month/Da		Date, if TransactionAcquired (A) or Code Disposed of (D)		(A) or of (D) and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			

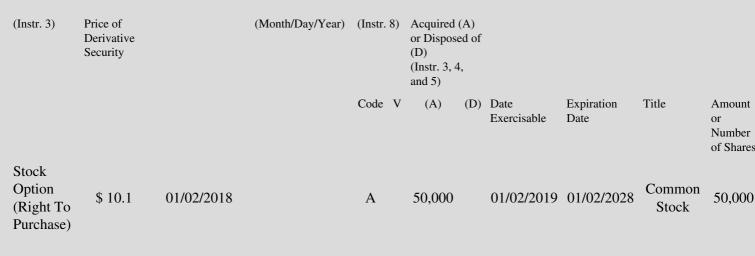
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

# 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 of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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### **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
MARCHIO ALBERT N II 300 CONNELL DRIVE, SUITE 4000 BERKELEY HEIGHTS, NJ 07922			Chief Accounting & Adm Officer				
Signatures							
/s/ Albert N. Marchio II, Reporting Person	01/0	3/2018					
**Signature of Reporting Person	Γ	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).

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.