#### REPROS THERAPEUTICS INC.

Form 4 July 05, 2017

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

1(b).

SUITE B-7

(City)

(Instr. 3)

Common

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Anderson Katherine

2. Issuer Name and Ticker or Trading

Symbol

REPROS THERAPEUTICS INC.

[RPRX]

(Last) (First) (Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year)

07/03/2017

5. Relationship of Reporting Person(s) to

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Issuer

(Check all applicable)

Director 10% Owner

X\_ Officer (give title Other (specify below)

Chief Financial Officer

(Street)

4. If Amendment, Date Original

A

Filed(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

Person

THE WOODLANDS, TX 77380

(State)

07/03/2017

2408 TIMBERLOCH PLACE.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed 1. Title of Security (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. Transaction(A) or Disposed of Code (D) (Instr. 3, 4 and 5) (Instr. 8)

4. Securities Acquired 5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Ownership Indirect (I) (Instr. 4) (Instr. 4)

Transaction(s) (Instr. 3 and 4)

(D) Price Amount

Code V 10,000

(A)

or

Α

<u>(1)</u>

83,875

D

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.

SEC 1474 (9-02)

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

#### Edgar Filing: REPROS THERAPEUTICS INC. - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D) |                     |                    | 7. Title a<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 a | unt of<br>rlying | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|------------------|---|---|
|   |   |   |   | Code V                                 | (Instr. 3, 4, and 5)  (A) (D)   | Date<br>Exercisable | Expiration<br>Date | or<br>Title Nu<br>of   | umber            |   |   |

# **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |           |       |  |  |  |
|----------------------------------|---------------|-----------|-----------|-------|--|--|--|
| 1                                | Director      | 10% Owner | Officer   | Other |  |  |  |
| Anderson Katherine               |               |           | Chief     |       |  |  |  |
| 2408 TIMBERLOCH PLACE, SUITE B-7 |               |           | Financial |       |  |  |  |
| THE WOODLANDS, TX 77380          |               |           | Officer   |       |  |  |  |

# **Signatures**

/s/ Katherine A. 07/05/2017 Anderson, CPA

\*\*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) Received as employment compensation.

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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