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Anderson Ka Form 4	therine										
April 16, 201	2										
FORM			CECUD				NCEO			PROVAL	
Washington, D.C. 20549							OMB Number:	3235-0287			
Check thi if no long subject to Section 10 Form 4 or		F CHANGES IN BENEFICIAL OWN SECURITIES						Expires: Estimated a burden hou response			
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17(a	a) of the P	ublic Ut		ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0	n		
(Print or Type R	Responses)										
1. Name and A Anderson Ka		2. Issuer Name and Ticker or Trading Symbol REPROS THERAPEUTICS INC. [RPRX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 2408 TIMBI	3. Date of Earliest Transaction(Month/Day/Year)04/13/2012					Director10% Owner XOfficer (give titleOther (specify below) below) Chief Financial Officer					
Filed				ndment, Da th/Day/Year	-	l		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
THE WOOD	DLANDS, TX 77	380						Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit on(A) or Di (Instr. 3, Amount	sposed 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	04/13/2012			Р	3,000	A	\$ 3.855	3,375 <u>(1)</u>	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	Under Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Anderson Katherine 2408 TIMBERLOCH PLACE, B-7 THE WOODLANDS, TX 77380			Chief Financial Officer					
Signatures								
/s/ Katherine Anderson, Chief Financia Officer		04/16/2012						
<u>**</u> Signature of Reporting Person		D	ate					

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).
- On October 15, 2010, the common stock of Repros Therapeutics Inc. split one-for-four, resulting in the reporting person's ownership of (1) 375 shares of common stock.

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.