Nuhaily Dean Form 4 April 02, 2019

### FORM 4

#### **OMB APPROVAL** UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

3235-0287

Check this box if no longer

Washington, D.C. 20549

Number: January 31, Expires:

2005

subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

(First)

(Street)

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Nuhaily Dean

(Last)

Symbol

(Check all applicable)

INNOVUS PHARMACEUTICALS,

INC. [INNV]

8845 REHCO ROAD

3. Date of Earliest Transaction

X Director 10% Owner Officer (give title Other (specify

6. Individual or Joint/Group Filing(Check

(Month/Day/Year)

04/01/2019

below)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

(Instr. 8)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(Instr. 4)

Person

Issuer

SAN DIEGO, CA 92121

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

(Middle)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

5. Amount of Securities Beneficially Owned

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

(Instr. 4)

(A)

Following Reported Transaction(s) (Instr. 3 and 4)

or Code V Amount (D) Price

(Instr. 3, 4 and 5)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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

Conversion or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

4. 5. Number Transaction of Derivative Expiration Date Code Securities

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

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(Instr. 3) Price of (Mon Derivative Security

(Month/Day/Year) (Instr. 8) Acquired
(A) or
Disposed of
(D)
(Instr. 3, 4,

 $\begin{array}{ccc} & \text{and 5}) \\ \text{Code} & V & (A) & (D) & \text{Date} \end{array}$ 

Date Expiration Exercisable Date

Title Amount or

Number of Shares

Restricted

Stock (1) (2) 04/01/2019 Units

A(3) 1,095

04/01/2019 04/01/2029

Common Stock 1,095

# **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Nuhaily Dean

8845 REHCO ROAD X

SAN DIEGO, CA 92121

# **Signatures**

/s/ DEAN

NUHAILY 04/02/2019

\*\*Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Each restricted stock unit represents the contingent right to receive, at settlement, one share of common stock.
- The Reporting Person was granted a Restricted Stock Unit on April 1, 2019 of 1,095 shares, which were fully vested on the date of the grant. The RSU is for the Reporting Person's quarterly compensation as a member of the Board of Directors for the first quarter of 2019 and was valued on March 29, 2019 in accordance with the approved compensation plan for the non-employee members of the Board of Directors.
- (3) These restricted stock units were granted pursuant to the Issuer's Amended and Restated 2016 Equity Incentive Plan.

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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