### Edgar Filing: DUSA PHARMACEUTICALS INC - Form 4

DUSA PHAF Form 4 March 29, 20	RMACEUTICAI 06	LS INC							
FORM	Δ								PPROVAL
Check thi	UNITED	STATES		RITIES A			E COMMISSION	OMB Number:	3235-0287
if no long	er							Expires:	January 31, 2005
subject to Section 10 Form 4 or	5.	STATEMENT OF CHANGES IN BENEFICIAL OW SECURITIES						Estimated burden hou response	average urs per
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)								
1. Name and Address of Reporting Person <u>*</u> SOWYRDA PAUL A			2. Issuer Name <b>and</b> Ticker or Trading Symbol DUSA PHARMACEUTICALS INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
			[DUSA	<b>\</b> ]			(ene	en un upprieuer	•)
(Last) (First) (Middle) C/O DUSA PHARMACEUTICALS,			3. Date of Earliest Transaction (Month/Day/Year) 03/27/2006			Director 10% Owner _X Officer (give title Other (specify below) VP Marketing & Sales			
INC., 25 UP	TON DRIVE								
				4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
	ON, MA 01887						Form filed by Person	More than One R	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed o	of, or Beneficia	lly Owned
	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Don	ort on a separate line	for each a	ass of see	urities hand	ficially on	ned directly	or indirectly		
Kenninder: Kepo	on on a separate nne	e for each ci	ass of sec	urfues bene	-	-	spond to the colled	ction of	SEC 1474
					inforr requi	nation con red to resp ays a curre	tained in this form ond unless the for ntly valid OMB cor	are not m	(9-02)

 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
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired ( <i>A</i> or Disposed (D) (Instr. 3, 4, and 5)	d of	(Month/Day/Year	;)	(Instr. 3 and	4)
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Option to Purchase Common Stock	\$ 6.75	03/27/2006		А	15,000		03/27/2007 <u>(1)</u>	03/26/2016	Common Stock	15,00

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
SOWYRDA PAUL A C/O DUSA PHARMACEUTICALS, INC. 25 UPTON DRIVE WILMINGTON, MA 01887			VP Marketing & Sales			

### **Signatures**

Reporting Person

/s/ Paul A. Sowyrda	03/29/2006		
**Signature of	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) Option vests at the rate of one-quarter of the total granted on each of the first, second, third and fourth anniversaries of the date of grant.

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.