Wolin Benjamin Form 3 March 12, 2018

# FORM 3

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

Expires:

3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, 2005

Estimated average burden hours per

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

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Wolin Benjamin

(Last) (First) (Middle) 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Statement

(Month/Day/Year)

03/07/2018

ROCKWELL MEDICAL, INC. [RMTI]

4. Relationship of Reporting Person(s) to Issuer

\_X\_\_ Director

5. If Amendment, Date Original

Filed(Month/Day/Year)

30142 WIXOM ROAD

(Street)

(Check all applicable)

6. Individual or Joint/Group

Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Officer Other (give title below) (specify below)

Table I - Non-Derivative Securities Beneficially Owned

10% Owner

Form filed by More than One

Reporting Person

WIXOM, MIÂ 48393

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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 1473 (7-02)

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

1. Title of Derivative Security

(Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

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

4. Conversion or Exercise Price of Derivative

5. Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Expiration Date Exercisable Date

Amount or Title Number of Shares

Security Direct (D) or Indirect (I)

(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / AddressRelationshipsDirector10% OwnerOfficerOtherWolin Benjamin30142 WIXOM ROADÂ X Â ÂÂ Â

WIXOM, MIÂ 48393

# **Signatures**

/s/ Steven R. Barth, Attorney-in-Fact for Benjamin
Wolin

03/12/2018

\*\*Signature of Reporting Person

Date

# **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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.

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