## Edgar Filing: Anika Therapeutics, Inc. - Form 4

Anika Therapeutics, Inc. Form 4 February 08, 2016 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading LAND RAYMOND J Issuer Symbol Anika Therapeutics, Inc. [ANIK] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) X\_ Director 10% Owner Other (specify Officer (give title **32 WIGGINS AVENUE** 02/04/2016 below) below) (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting BEDFORD, MA 01730 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial anv (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership (Instr. 4) Following (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common 02/04/2016 2,361 А \$0 16,860 D A Stock (1)

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)

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5.	<b>r</b>	6. Date Exerce Expiration D		7. Tit Amou		8. Price of Derivative	9. Nu Deriv
Security	or Exercise	(Wolitil/Day/Teal)		Code	of		(Month/Day/			rlying	Security	Secu
•			any (Month/Dou/Woor)				· ·	(teal)			2	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities (Instr. 3 and 4)		(Instr. 5)	Bene	
	Derivative				Securities			(Instr	3  and  4)		Owne	
	Security				Acqui							Follo
					(A) or							Repo
					Dispos	sed						Trans
					of (D)	1						(Instr
					(Instr.	3,						
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							D.	<b>г</b> ·	<b>T</b> . 1			
				Code V	(A) (	· /	Date	Expiration	Title			
							Exercisable	Date		or		
										Number		
										of		
										Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
LAND RAYMOND J 32 WIGGINS AVENUE BEDFORD, MA 01730	Х			
Signatures				
/s/ Sylvia Cheung for Charles I	02/08/2016			

Attorney-in-fact

\*\*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).
- These shares represent restricted stock units. Each restricted stock unit represents a contingent right to receive one share of Anika (1) Therapeutics, Inc. common stock. The restricted stock units vest in full on February 4, 2017.

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.