Edgar Filing: ZOGENIX, INC. - Form 4

ZOGENIX, INC Form 4	2.									
December 18, 2	013									
FORM 4	Л								PPROVAL	
	UNITED	STATES		RITIES A shington			E COMMISSIO	N OMB Number:	3235-0287	
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Securities Exchange Act of 1934, Section 17(a) of the Investment Company Act of 1940							Estimated burden hou response	Estimated average burden hours per response 0.5	
(Print or Type Resp	oonses)									
1. Name and Addr Galer Bradley S		Person <u>*</u>	Symbol	er Name an NIX, INC		-	5. Relationship o Issuer			
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction	-	(Check all applicable)			
12400 HIGH BLUFF DRIVE, SUITE 650			(Month/Day/Year) 12/17/2013			Director 10% Owner X Officer (give title Other (specify below) below) Chief Medical Officer				
(Street) SAN DIEGO, CA 92130			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 Form filed by More than One Reporting 				
							Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	Transaction Date onth/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit inAcquired Disposed (Instr. 3, 4 Amount	(A) or 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report	on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					Perso inforn requir	ns who res nation con red to resp nys a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (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 of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

Edgar Filing: ZOGENIX, INC. - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code V	(A)	(D) Date Exerct	isable	Expiration Date	Title	Amount or Number of Shares
Right to buy common stock	\$ 3.02	12/17/2013	12/17/2013	A	425,000		(1)	12/17/2023	Common Stock	425,000

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Galer Bradley S. 12400 HIGH BLUFF DRIVE, SUITE 6 SAN DIEGO, CA 92130	550		Chief Medical Officer					
Signatures								
/s/ Thomas Doyle, Attorney-In-Fact	12/18/2013							
<u>**</u> 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).

The option was granted on December 17, 2013, which is the vesting commencement date. One-fourth of the shares subject to the option will vest on the first anniversary of the vesting commencement date, and the remaining shares subject to the option shall vest in thirty-six equal monthly installments over the three-year period thereafter, subject to the Reporting Person's continued employment with the

Company on each vesting date.

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.