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•	peutics, Inc.										
Form 4											
August 11,	2014										
FORM			CECU	DIFIE					PPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check t								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP							WNERSHIP OF	Estimated	2005		
Section 16. SECURITIES								burden hours per			
Form 4	or							response	•		
Form 5	Filed put	rsuant to S	Section	16(a) of th	ne Securit	ties Excha	nge Act of 1934,				
obligati may co				•	•	- ·	of 1935 or Section	on			
See Inst		30(h)	of the I	nvestmen	t Compar	ny Act of 1	.940				
1(b).											
(Print or Type	Responses)										
1 Name and	Address of Reporting	Person *	.	N	J.T.' 1	т I:	5 Relationship	of Reporting Per	son(s) to		
MEYER S	1 crson _	2. Issue Symbol	er Name an	a ficker or	Trading	5. Relationship of Reporting Person(s) to Issuer					
			-	Therapeuti	og Ing F	INGVI					
			•	•	_	11131]	(Check all applicable)				
(Last)	(First) (Middle)	3. Date of Earliest Transaction								
C/O INSYS THERAPEUTICS,			(Month/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify					
	SOUTH ELLIS S		08/07/2	2014			below)	below)	ior (speeny		
1110., +++		INLLI	4 46 4								
(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				
CHANDL	ER, AZ 85224						Form filed by	More than One Re			
	LIR, 112 0322 1						Person				
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securit			6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	· · ·				Form: Direct	Indirect		
(Instr. 3)		any (Month/Da	av/Vear)	Code (Instr. 8)	Disposed (Instr. 3, 4		•	(D) or Indirect	Beneficial Ownership		
			ay/1cal)	(111501.0)	(111501. 5, -	+ allu <i>J</i>)		(I) (Instr. 4)	(Instr. 4)		
						(A)	Reported		(
						(A) or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities bene	ficially own	ned directly	or indirectly.				
					-	-	spond to the colle	ction of S	SEC 1474		
							tained in this form		(9-02)		
							ond unless the fo ntly valid OMB co				
					numb	-					

 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	6. Date Exercisable and	7. Title and Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Der
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Sec

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	(A) or Disposed (D)	Disposed of (D) (Instr. 3, 4,					(In
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 27.14	08/07/2014		А		9,000		<u>(1)</u>	08/06/2024	Common Stock	9,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting owner rune / run ess	Director	10% Owner	Officer	Other			
MEYER STEVEN J C/O INSYS THERAPEUTICS, INC. 444 SOUTH ELLIS STREET CHANDLER, AZ 85224	Х						
Signatures							
/s/ Darryl S. Baker, Attorney-in-fact	08/11/2	2014					
**Signature of Reporting Person	Dat	e					

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) The option shall vest in 36 equal monthly installments until fully vested and exercisable on August 7, 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.