Edgar Filing: CUMBERLAND PHARMACEUTICALS INC - Form 4

CUMBERLAND PHARMACEUTICALS INC

Form 4

November 20, 2015

FORM	I 4									PPROVAL	
Washington, D.C. 20549									OMB Number:	3235-0287	
Check this box							Expires:	January 31, 2005			
subject to Section 1 Form 4 o	subject to Section 16. Form 4 or								Estimated average burden hours per response 0.5		
Form 5 obligation may cont <i>See</i> Instru 1(b).	Section 17	(a) of the		ility Holo	ling Com	pany	Act of	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type F	Responses)										
Lawrence Thomas R Symbol			Symbol	2. Issuer Name and Ticker or Trading mbol UMBERLAND				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			PHARM	PHARMACEUTICALS INC [CPIX]				(Check an applicable)			
(Last) 2525 WEST	(First) (First	(Middle) JITE 950	3. Date of (Month/Dath/11/19/20	•	ansaction			X Director Officer (give below)		Owner er (specify	
				mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NASHVILL	E, TN 37203							Form filed by N Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	11/19/2015			Code V	Amount 4,000	(D)	Price \$	(Instr. 3 and 4) 50 381	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

S

11/19/2015

Stock

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 1474

(9-02)

D

50,381

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

(1)

D

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Title a		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amount Underlyi Securitie (Instr. 3	ing es	Derivative Security (Instr. 5)	Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	or Title N of	umber		

Reporting Owners

Reporting Owner Name / Address	Relationships						
• 0	Director	10% Owner	Officer	Other			
Lawrence Thomas R 2525 WEST END AVE. SUITE 950 NASHVILLE, TN 37203	X						

Signatures

Thomas R. Lawrence by /s/ Jean W. Marstiller as attorney-in-fact

11/20/2015

**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).
- (1) Shares sold to Cumberland Pharmaceuticals Inc.

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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