## Edgar Filing: Leicher Bruce - Form 4

Leicher Bruc	e										
Form 4											
November 30	0, 2010										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	OMB APPROVAL		
	• UNITI	ED STATES		ITIES Al hington, 1			NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi				8,					Expires:	January 31,	
if no longer STATEMENT OF CHAN				IGES IN BENEFICIAL OWNERS				NERSHIP OF		2005	
Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 or Form 5			C	( . ) . <b>f</b> 41	C	F		- A - + - £ 1024	response 0.5		
obligation	20	<b>^</b>					•	e Act of 1934, 1935 or Section	n		
may cont	inue.		of the Inv	•	•	· ·			11		
See Instru 1(b).	iction	50(II)	of the m	vestillent v	compan	y ne	101174	0			
-(-).											
(Print or Type R	Responses)										
1. Name and Address of Reporting Person       2. Issuer Name and Ticker or Trading       5. Relationship of								Reporting Pers	son(s) to		
Leicher Bruce Symbo				-				Issuer			
				IOMENTA				(Check all applicable)			
PHARMACEUTICALS INC					NC		(Chec.				
	[MNTA]	[MNTA]					Director 10% Owner				
· · · · · · · · · · · · · · · · · · ·				Earliest Tra	iest Transaction			_X_ Officer (give title Other (specify below)			
				(Month/Day/Year)				SVP & General Counsel			
675 WEST	KENDALL S	ST	11/29/20	010							
				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	ed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
CAMBRIDO	GE, MA 0214	12						Form filed by M			
CIMIDICID	01, 1111 021-	12						Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security	2. Transaction (Month/Day/Y	n Date, if Transaction(A) or Disposed of (D)				d of (D)	5. Amount of Securities	6. Ownership Form: Direct (D) or	Indirect		
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Beneficially Owned	Beneficial Ownership		
		(	,	(				Following	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or	D.	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price \$				
Common Stock	11/29/2010			S <u>(1)</u>	135	D	ъ 15.22	38,144	D		
Stoon							10.22				

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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Leicher Bruce 675 WEST KENDALL ST CAMBRIDGE, MA 02142			SVP & General Counsel					
Signatures								
/s/ Michael Flanagan as attorne in fact	У	11/30/2	010					
**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) This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 27, 2008.

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.