MERRIWEATHER ALFRED G

Form 4 April 10, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

10% Owner

Other (specify

OMB APPROVAL

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subject to Section 16. Form 4 or Form 5 obligations

Check this box

if no longer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 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 * MERRIWEATHER ALFRED G

(First)

2. Issuer Name and Ticker or Trading

Symbol

Adamas Pharmaceuticals Inc

[ADMS]

3. Date of Earliest Transaction

(Month/Day/Year)

04/08/2019

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

Chief Financial Officer

C/O ADAMAS

(Last)

(Middle)

PHARMACEUTICALS, INC., 1900 POWELL ST., SUITE 1000

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

X_ Officer (give title

X Form filed by One Reporting Person Form filed by More than One Reporting

EMERYVILLE, CA 94608

(City) (State) (Zip)

(Street)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(Month/Day/Year)

2. Transaction Date 2A. Deemed Execution Date, if

(Month/Day/Year)

Code (Instr. 8)

Transaction(A) or Disposed of (D) (Instr. 3, 4 and 5)

(A)

4. Securities Acquired 5. Amount of Securities Beneficially Owned Following

Form: Direct Indirect (D) or Indirect (I) (Instr. 4)

Beneficial Ownership (Instr. 4)

6. Ownership 7. Nature of

Code V

Price Amount (D)

Transaction(s) (Instr. 3 and 4)

Reported

Common Stock

04/08/2019

25,000 (1)

\$0 49,603 D

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 6.81	04/08/2019		A	50,000	(2)	04/07/2029	Common Stock	50,000

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MERRIWEATHER ALFRED G C/O ADAMAS PHARMACEUTICALS, INC. 1900 POWELL ST., SUITE 1000 EMERYVILLE, CA 94608

Chief Financial Officer

Signatures

/s/Jennifer Rhodes, as Attorney-in-Fact 04/10/2019

**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 shares of Common Stock are to be acquired upon the vesting of certain Restricted Stock Units granted to the Reporting Person. The (1) Restricted Stock Units shall vest as follows: 25% of the total number of Restricted Stock Units will vest on each of March 20, 2020, March 20, 2021, March 20, 2022 and March 20, 2023, subject to Reporting Person's Continuous Service as of each such date.
- (2) The Option shares shall vest as follows: 1/48th of the option shares shall vest on the 1st of each month beginning with May 1, 2019, subject to Reporting Person's Continuous Service as of each such 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.

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