Edgar Filing: ZOGENIX, INC. - Form 4

ZOOTNIN INC

ZOGENIX, IN	IC.											
Form 4												
June 20, 2013												
FORM	Δ								PPROVAL			
	UNITED	STATES SECU Wa	RITIES A shington,			IGE (COMMISSION	OMB Number:	3235-0287			
Check this								Expires:	January 31,			
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OV						NERSHIP OF		Estimated average 2005			
Section 16.		SECURITIES						burden hours per				
Form 4 or								response 0.5				
Form 5 obligations	-	suant to Section				-						
may contin		a) of the Public U	•	.				n				
See Instruct		30(h) of the I	nvestment	Company	Act	of 194	40					
1(b).												
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(Print or Type Res	sponses)											
1 Nama and Ad		D *					5 Deletienshin of	D	(-) +-			
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading FARR STEPHEN J Symbol					5	5. Relationship of Issuer	Reporting Per	soli(s) to				
		Symbol										
	ZUGE	ZOGENIX, INC. [ZGNX]				(Check all applicable)						
(Last)	(First) (M		of Earliest Tr	ansaction								
(Month/Day/Year)						_X_ Director10% Owner _X_ Officer (give title Other (specify						
C/O ZOGENIX, INC., 12400 HIGH 06/18/2013 BLUFF DR., SUITE 650 President and COO							er (speeny					
BLUFF DK.,	SUITE 050						Pres	ident and COO				
	4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check							
Filed(Month/Day/Year)					Applicable Line)							
							_X_Form filed by C	One Reporting Pe fore than One Re				
SAN DIEGO,	, CA 92130						Person		porting			
(City)	(State)	(Zip) Tab		· · · · · · · · · · · · · · · · · · ·		•	··· 1 D'···· 1 (• • • • • • • • • • •				
		- Iau	le I - Non-D	erivative S	ecurii	les Acq	uired, Disposed of		-			
	2. Transaction Date		1					6. Ownership				
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any				Securities Beneficially	Form: Direct (D) or	Beneficial				
(Instr. 5)		(Month/Day/Year)					Owned	Indirect (I)	Ownership			
					Following	(Instr. 4)	(Instr. 4)					
					(A)		Reported					
					or		Transaction(s) (Instr. 3 and 4)					
~			Code V		(D)	Price	(mout, 5 and 4)					
Common Stock	06/18/2014	06/18/2014	А	50,000 (1)	А	\$0	366,719	D				
				· /								

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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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				
FARR STEPHEN J C/O ZOGENIX, INC. 12400 HIGH BLUFF DR., SUITE 65 SAN DIEGO, CA 92130	0 X		President and COO					
Signatures								
Vickie Reed, Attorney-in-fact	5/20/2013							
**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) These securities are restricted stock units that fully vest on June 1, 2014, subject to the Reporting Person's continued service to the Company on the vesting date.

Remarks:

These restricted stock units were granted as part of a company-wide retention program, which was implemented on June 18, 2

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.