Anthera Pharmaceuticals Inc Form 4 April 07, 2010

FORM 4

Form 5

obligations

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

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Section 16. Form 4 or Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

See Instruction

may continue. 30(h) of the Investment Company Act of 1940 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

TRUEX PAUL F

(First) (Middle)

(Last)

C/O ANTHERA PHARMACEUTICALS, INC., 25801 INDUSTRIAL BOULEVARD, SUITE B

(Street)

HAYWARD, CA 94545

(Zip)

2. Issuer Name and Ticker or Trading Symbol

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Anthera Pharmaceuticals Inc

[ANTH] 3. Date of Earliest Transaction

4. If Amendment, Date Original

(Month/Day/Year) 04/07/2010

Filed(Month/Day/Year)

3.

Code

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

_X__ Director 10% Owner X_ Officer (give title Other (specify

below) President and CEO

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

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

1. Title of Security (Instr. 3)

Common

Stock

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year)

(State)

04/07/2010

Execution Date, if

Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)

4. Securities Acquired

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) (Instr. 4)

Ownership (Instr. 4)

Transaction(s) (Instr. 3 and 4)

M 23,364 716,617 D 0.14

Price

(A)

or

(D)

Amount

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

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

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)	\$ 0.14	04/07/2010		M	23,364	<u>(1)</u>	04/06/2016	Common Stock	23,364

Reporting Owners

Reporting Owner Name / Address	Kelationships					
. 8	Director	10% Owner	Officer	Other		
TRUEX PAUL F						
C/O ANTHERA PHARMACEUTICALS, INC.	X		President and CEO			
25801 INDUSTRIAL BOULEVARD, SUITE B	A President and CE		President and CEO			
HAYWARD, CA 94545						

Signatures

/s/ Mitzi Chang, by power of attorney for Paul F.
Truex
04/07/2010

Explanation of Responses:

**Signature of Reporting Person

- * 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)

 100% of the shares subject to this Stock Option are immediately exercisable. However, all unvested shares underlying this Stock Option are subject to a right of repurchase held by the Issuer, which will lapse according to the following vesting schedule: 25% of the total number of shares vest on the first anniversary of the April 6, 2006 vesting start date (the "Vesting Start Date") and pro-rata monthly thereafter. This Stock Option is completely vested on the fourth anniversary of the Vesting Start Date.

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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