#### Edgar Filing: SPECTRUM PHARMACEUTICALS INC - Form 4

SPECTRUM PHARMACEUTICALS INC Form 4 December 03, 2013 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to **SECURITIES** Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person\* 2 Januar Nama and Tiakar or Tradina S

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# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

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 30(h) of the Investment Company Act of 1940

OMB 3235-0287 Number:

5 Relationship of Reporting Person(s) to

January 31, Expires: 2005 Estimated average burden hours per response... 0.5

OMB APPROVAL

	(A RAJESH C M	-	Symbol SPECT	RUM	TICALS INC [SPPI]	Issuer		ck all applica	
(Last)	(First) (	(Middle)		f Earliest T Day/Year)	ransaction	XOff		ve title 1	
1500 S. EA 40	ASTERN AVE.,	SUITE	11/29/2	2013		below)	Chairma	below) an, CEO & Pr	resident
	(Street)		4. If Ame	endment, D	ate Original	6. Individ	lual or J	loint/Group F	iling(Check
			Filed(Mo	nth/Day/Yea	r)		filed by	One Reporting	·
IENDERS	ON, NV 89052					Form f Person	filed by	More than One	Reporting
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative Securities Ac	quired, Dis	posed o	of, or Benefic	cially Owned
Title of	2. Transaction Date	e 2A. Deem	ned	3.	4. Securities Acquired	5. Amount	t of	6.	7. Nature of
ecurity	(Month/Day/Year)	Execution	Date, if	Transactio	on(A) or Disposed of (D)	Securities		Ownership	Indirect

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock, \$0.001 par value	11/29/2013		F	62,925 (1)	D	\$ 9.59	1,798,303	D	
Common Stock, \$0.001 par value							23,136	I	By 401(k) plan
Common Stock, \$0.001 par							57,177	Ι	By Shrotriya Family Foundation

value

Common Stock, \$0.001 par value	445,993	I	By CS Family Trust
Common Stock, \$0.001 par value	10,676	I	By Shrotriya Gift Trust
Common Stock, \$0.001 par value	9,523	I	By Spouse

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Titl Amou Under Securi (Instr.	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**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
SHROTRIYA RAJESH C MD 11500 S. EASTERN AVE. SUITE 240 HENDERSON, NV 89052	Х		Chairman, CEO & President					

# Signatures

/s/ Kurt A. Gustafson, attorney-in-fact for Rajesh C. Shrotriya

12/03/2013

\*\*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) Represents restricted shares withheld by Spectrum to satify the Reporting Person's tax withholding obligations.

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.