## Edgar Filing: GUSTAFSON KURT A - Form 4

GUSTAFSO	N KURT A										
Form 4											
March 25, 20									OMB AF	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont See Instru 1(b).	ger 5 16. 5 5 5 5 5 5 5 5 5 5 5 5 5	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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								January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> GUSTAFSON KURT A			2. Issuer Name <b>and</b> Ticker or Trading Symbol SPECTRUM					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			PHARMACEUTICALS INC [SPPI]				SEED	Director 10% Owner			
(Last) (First) (Middle) 11500 S. EASTERN AVE., SUITE 240			3. Date of Earliest Transaction (Month/Day/Year) 03/25/2019					Officer (give title Other (specify below) below) EVP & Chief Financial Officer			
				If Amendment, Date Original ed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
HENDERS	OIN, INV 89032							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio: any		3. Transactic Code (Instr. 8)	(Instr. 3,	(A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, \$0.001	03/25/2019			Code V $S(1)$	Amount 3,797	(D) D	Price \$ 9.463	247,640 <u>(2)</u>	D		
Common Stock, \$0.001								7,507	I	By 401(k) Plan	

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

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#### 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Title Amou Under Securi (Instr.	int 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 / Addre	SS	Relationships							
	Director	10% Owner	Officer	Other					
GUSTAFSON KURT A 11500 S. EASTERN AVE. SUITE 240 HENDERSON, NV 89052			EVP & Chief Financial Officer						
Signatures									
/s/ Kurt A. Gustafson	03/25/2019								

**Explanation of Responses:** 

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* 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 transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person for the purpose of satisfying tax withholding obligations in connection with restricted stock awards granted by the issuer.
- (2) Since the date of the reporting person's last ownership report, he transferred 5,459 shares of the Company's common stock to his ex-wife pursuant to a domestic relations order. The reporting person no longer reports as beneficially owned any securities owned by his ex-wife.

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.

<u>\*\*</u>Signature of Reporting Person