Edgar Filing: DEPOMED INC - Form 4

DEPOMED Form 4	D INC								
February 16	5, 2016								
FORM			SECU	DITIES A	ND EV			т	PPROVAL
Washington, D.C. 20549						N OMB Number:	3235-0287		
Check this box if no longer CTLATED (EDUT) OF CHANGES IN DEDUFFICIAL ON DEDSIDE OF						Expires:	January 31, 2005		
STATEMENT OF CHANGES IN BENEFI Section 16. SECURITIES				ICIAL O	WNERSHIP OF	Estimated burden hou response	average urs per		
Form 5 obligati may con <i>See</i> Inst 1(b).	Filed pur ons ntinue. Section 17(a) of the H	Public U	Jtility Hol	ding Cor		nge Act of 1934, of 1935 or Section 940	·	. 0.3
(Print or Type	Responses)								
1. Name and Address of Reporting Person <u>*</u> Schoeneck James A			2. Issuer Name and Ticker or Trading Symbol DEPOMED INC [DEPO]			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (I	Middle)				1	(Che	eck all applicabl	e)
C/O DEPOMED, INC., 7999 GATEWAY BOULEVARD, SUITE			3. Date of Earliest Transaction (Month/Day/Year)02/11/2016			X Director 10% Owner X Officer (give title Other (specify below) below) President and CEO			
300									
			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
NEWARK	, CA 94560						Person	More than One R	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	Disposed	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	Amount	(D) Price	(Instr. 3 and 4)		
Reminder: Re	eport on a separate line	for each cla	ass of sec	urities benet	ficially ow	ned directly	or indirectly.		
					inforn requii	nation cont red to responses ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)
	Tab					posed of, or convertible	Beneficially Owner securities)	1	

1. Title of2.3. Transaction Date3A. Deemed4.5. Number of6. Date Exercisable and7. Title and Amount ofDerivativeConversion(Month/Day/Year)Execution Date, ifTransactionDerivativeExpiration DateUnderlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Year)	(Instr. 3 and	4)
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount Number Shares
Restricted Stock Unit	<u>(1)</u>	02/11/2016		А	147,000	(2)	(2)	Common Stock	147,00
Stock Option	\$ 16.07	02/11/2016		А	361,000	(3)	02/11/2026	Common Stock	361,00

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Schoeneck James A C/O DEPOMED, INC. 7999 GATEWAY BOULEVARD, SUITE 300 NEWARK, CA 94560	Х		President and CEO		
Signatures					

Signatures

/s/ James A. Schoeneck	02/16/2016			
**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) Each restricted stock unit represents the contingent right to receive one share of common stock upon vesting of the unit.
- (2) These restricted stock units are scheduled to vest 25% on December 1, 2016, 25% on December 1, 2017, 25% on December 1, 2018, and 25% on December 1, 2019, assuming continued employment through the applicable vesting date.
- (3) These stock options are exercisable in 48 equal monthly installments.

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.