Myers C. Daniel Form 4 December 21, 2012

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

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obligations may continue.

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

1(b).

(Last)

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * Myers C. Daniel

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Middle)

(Zip)

ALIMERA SCIENCES INC [ALIM]

(Check all applicable)

(First)

(Street)

(State)

6120 WINDWARD PARKWAY,

(Month/Day/Year)

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

12/19/2012

below) below) President and CEO

SUITE 290

4. If Amendment, Date Original Filed(Month/Day/Year)

(Instr. 8)

3. Date of Earliest Transaction

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

Person

ALPHARETTA, GA 30005

2. Transaction Date 2A. Deemed

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

1.Title of Security (Instr. 3)

(City)

(Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

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

(A)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

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	(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
					Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
,	Employee Stock Option (Right to Buy)	\$ 1.66	12/19/2012		A		365,000		<u>(1)</u>	12/18/2022	Common Stock	365,00
(Employee Stock Option (Right to Buy)	\$ 1.66	12/19/2012		A		110,000		(2)	12/18/2022	Common Stock	110,00

Reporting Owners

Reporting Owner Name / Address	Relationships							
coporaing o man raine, raantas	Director	10% Owner	Officer	Other				
Myers C. Daniel								
6120 WINDWARD PARKWAY, SUITE 290	X		President and CEO					
ALPHARETTA, GA 30005								

Signatures

Reporting Person

/s/ C. Daniel
Myers

**Signature of 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) This option shall vest in forty-eight equal monthly installments beginning on January 19, 2013, provided Reporting Person remains continuously employed by the Issuer through each vesting period.
- This option shall become exercisable if and only if on or before June 30, 2013 the United Kingdom's National Institute for Health and Clinical Excellence recommends ILUVIEN(R) for the treatment of diabetic macular edema, in which case this option shall vest in forty-eight equal monthly installments beginning on January 19, 2013, provided Reporting Person remains continuously employed by the Issuer through each vesting period.

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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