## Edgar Filing: Caballa Susan - Form 4

Caballa Sus	an										
Form 4											
December 2	1, 2012										
FORM	ΠΔ								PPROVAL		
	UNITED		URITIES . Vashingtor			NGE	COMMISSION	N OMB Number:	3235-0287		
Check th			U					Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP								Estimated	2005		
Section		SECURITIES									
Form 4 o								burden hou response	•		
Form 5 obligatio	<b>n</b> o <b>1</b>						nge Act of 1934,				
may con			•	•	· ·		of 1935 or Section	on			
See Instr 1(b).		30(h) of the	e Investmen	ıt Compaı	ny Ac	ct of 1	940				
(Print or Type	Responses)										
	Address of Reporting		suer Name <b>ar</b>	nd Ticker or	Tradi	ng	5. Relationship o Issuer	of Reporting Per	Reporting Person(s) to		
Caballa Sus	san	Symb	01								
	MERA SCI	ENCES I	NC [.	1] (Che	heck all applicable)						
(Last)	(First) (	Middle) 3. Da	te of Earliest	Fransaction							
							Director				
	OWARD PARKW	VAY, 12/1	19/2012 <u></u>				X Officer (giv below)	(give title Other (specify below)			
SUITE 290							SVP,Regu	latory&Medical	Affairs		
	(Street)	4. If <i>.</i>	Amendment, I	Date Origina	ıl		6. Individual or .	Joint/Group Fili	ng(Check		
	(Month/Day/Ye	ar)			Applicable Line)						
								One Reporting Person Aore than One Reporting			
ALPHARE	TTA, GA 30005						Person	More than One R	eporung		
(City)	(State)	(Zip)	fable I - Non-	Derivative	Secur	ities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date		3.	4. Securit				6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date,		onAcquired				Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Yea	Code r) (Instr. 8)	Disposed (Instr. 3, 4			•	(D) or Indirect (I)	Beneficial Ownership		
		(initial Duy) i ca	i) (insu: 0)	(111511-5),	i una i	5)	Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported				
					or		Transaction(s)				
			Code V	Amount		Price	(Instr. 3 and 4)				
Reminder: Rep	port on a separate line	e for each class of	securities bene	eficially ow	ned di	rectly o	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(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	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 1.66	12/19/2012		А		90,000		<u>(1)</u>	12/18/2022	Common Stock	90,000
Employee Stock Option (Right to Buy)	\$ 1.66	12/19/2012		А		35,000		(2)	12/18/2022	Common Stock	35,000

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Caballa Susan 6120 WINDWARD PARKWA ALPHARETTA, GA 30005			SVP,Regulatory&Medical Affairs					
Signatures								
/s/ Susan 12/	/20/2012							

Caballa <u>\*\*</u>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) 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

(2) 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.