

Hislop Colin
Form 3
February 23, 2010

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *

Hislop Colin

(Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)

02/23/2010

3. Issuer Name and Ticker or Trading Symbol
Anthera Pharmaceuticals Inc [ANTH]

4. Relationship of Reporting Person(s) to Issuer

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

C/O ANTHERA
PHARMACEUTICALS,
INC., 25801 INDUSTRIAL
BOULEVARD, SUITE B

(Street)

HAYWARD, CA 94545

(City) (State) (Zip)

(Check all applicable)

Director 10% Owner

Officer Other

(give title below) (specify below)

Sr. VP, Cardiovasc. Prod.

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person

Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

Common Stock

2. Amount of Securities Beneficially Owned (Instr. 4)

5,841

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

D

4. Nature of Indirect Beneficial Ownership (Instr. 5)

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security

4. Conversion or Exercise

5. Ownership Form of

6. Nature of Indirect Beneficial Ownership

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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Stock Option (right to buy)	Â (1)	02/18/2019	Common Stock	23,364	\$ 1.51	D	Â
Stock Option (right to buy)	Â (2)	01/23/2017	Common Stock	145,130	\$ 0.26	D	Â
Stock Option (right to buy)	04/15/2009	04/15/2019	Common Stock	5,257	\$ 1.51	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Hislop Colin C/O ANTHERA PHARMACEUTICALS, INC. 25801 INDUSTRIAL BOULEVARD, SUITE B HAYWARD, CA 94545	Â	Â	Â Sr. VP, Cardiovasc. Prod.	Â

Signatures

/c/ Mitzi Chang, by power of attorney for Colin Hislop,
M.D. 02/23/2010

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) 100% of the shares subject to this Stock Option are immediately exercisable. However, all unvested shares underlying this Stock Option are subject to a right of repurchase held by the Issuer, which will lapse according to the following vesting schedule: 50% of the total number of shares vest on June 3, 2009 and the remaining 50% vest in equal monthly installments. This Stock Option is completely vested on August 12, 2012.
- (2) 100% of the shares subject to this Stock Option are immediately exercisable. However, all unvested shares underlying this Stock Option are subject to a right of repurchase held by the Issuer, which will lapse according to the following vesting schedule: 25% of the total number of shares vest on the first anniversary of the December 1, 2005 vesting start date (the "Vesting Start Date") and pro-rata monthly thereafter. This Stock Option is completely vested on the fourth anniversary of the Vesting Start Date.

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Remarks:
 ExhibitÂ List
 Â Â ExhibitÂ 24.1Â -Â PowerÂ ofÂ Attorney

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.