

Thompson David E.
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 *	2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
Â Thompson David E. (Last) (First) (Middle)	(Month/Day/Year) 02/23/2010	Anthera Pharmaceuticals Inc [ANTH]	(Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	

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

(Street)

HAYWARD, Â CA Â 94545

(City) (State) (Zip)

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)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	20,443	D	Â

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 (Instr. 5)
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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)	
Stock Option (right to buy)	Â (1)	06/26/2018	Common Stock	11,682	\$ 1.34	D	Â
Stock Option (right to buy)	Â (2)	02/18/2019	Common Stock	5,841	\$ 1.51	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Thompson David E. C/O ANTHERA PHARMACEUTICALS, INC. 25801 INDUSTRIAL BOULEVARD, SUITE B HAYWARD, CA 94545	Â X	Â	Â	Â

Signatures

/s/ Mitzi Chang, by power of attorney for David E. Thompson
Date: 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: in equal monthly installments over a four-year period beginning from the June 26, 2008 vesting start date (the "Vesting Start Date"). This Stock Option is completely vested on the fourth anniversary of the Vesting Start Date.
- (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: in equal monthly installments over a four-year period beginning from the August 13, 2008 vesting start date (the "Vesting Start Date"). This Stock Option is completely vested on the fourth anniversary of the Vesting Start Date.

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Remarks:
 ExhibitÂ List

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.