

Anthera Pharmaceuticals Inc
 Form 3
 June 02, 2015

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	
Â Dickinson Klara		(Month/Day/Year)	Anthera Pharmaceuticals Inc [ANTH]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
25801 INDUSTRIAL BLVD		05/21/2015	(Check all applicable)	
SUITE B			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Street)			<input type="checkbox"/> Officer	<input type="checkbox"/> Other
HAYWARD,Â CAÂ 94545			(give title below)	(specify below)
(City)	(State)	(Zip)	SVP & Chief Regulatory Officer	6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> 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)
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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 (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(Instr. 5)

Stock option (right to buy)	Â (1)	11/03/2024	Common Stock	10,000	\$ 1.87	D	Â
Stock option (right to buy)	Â (2)	12/17/2024	Common Stock	80,000	\$ 1.75	D	Â
Stock option (right to buy)	Â (3)	12/30/2024	Common Stock	50,000	\$ 1.61	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Dickinson Klara 25801 INDUSTRIAL BLVD SUITE B HAYWARD, CA 94545	Â	Â	Â SVP & Chief Regulatory Officer	Â

Signatures

/s/ Klara
Dickinson
05/22/2015

__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) This non-statutory stock option vests monthly over three months from October 15, 2014 (the Vesting Commencement Date). This stock option is completely vested on January 15, 2015.
- (2) This non-statutory stock options vests over four years as follows: 25% of the shares vest one year following the vesting commencement date, with the remaining 75% vest in 36 equal monthly installments thereafter. The vesting commencement date is January 5, 2015.
- (3) This non-statutory stock option vests monthly over four years from December 30, 2014 (the Vesting Commencement Date).

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Remarks:

No securities are beneficially owned by the Reporting Person.

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.