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Form 4	iER										
March 15, 2013								-	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-0287		
Check this bo if no longer subject to Section 16. Form 4 or Form 5	Check this box if no longer subject to Section 16. Form 4 or							Estimated	ated average n hours per		
obligations may continue <i>See</i> Instructio 1(b).	Section 17	(a) of the l	Public U	Itility Hol	ding Cor		t of 1935 or Section	on			
(Print or Type Resp	onses)										
1. Name and Address of Reporting Person <u>*</u> HAWLEY ROGER			2. Issuer Name and Ticker or Trading Symbol ZOGENIX, INC. [ZGNX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Middle)		of Earliest T	ransaction						
C/O ZOGENIX, INC., 12400 HIGH BLUFF DR., SUITE 650			(Month/Day/Year) 03/15/2013			X Director 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer					
			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
SAN DIEGO, C	CA 92130						Person	More than One R	eporung		
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	ransaction Date nth/Day/Year)		Date, if	Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report of	n a senarate line	e for each cl	ass of sec								
Kenninger, Keport C	n a separate mit				Perso inforn requir	ns who re nation con ed to resp lys a curre	spond to the colle tained in this form ond unless the fo ontly valid OMB co	n are not rm	SEC 1474 (9-02)		

 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	Transacti	orDerivative	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	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Right to buy stock	\$ 1.99	03/15/2013	03/15/2013	А	540,000	<u>(1)</u>	03/15/2023	Common Stock	540,000
Right to buy stock	\$ 1.99	03/15/2013	03/15/2013	А	225,000	(2)	03/15/2023	Common Stock	225,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
HAWLEY ROGER C/O ZOGENIX, INC. 12400 HIGH BLUFF DR., SUITE 650 SAN DIEGO, CA 92130	Х		Chief Executive Officer			
Signatures						

Vickie Reed,	03/15/2013
Attorney-in-fact	03/13/2013

<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) The option was granted on March 15, 2013 and vests in a series of forty-eight (48) successive, equal monthly installments beginning on March 15, 2013, subject to the Reporting Person's continued employment with the Comapny on each vesting date.

The option was granted on March 15, 2013 and vests in a series of forty-eight (48) successive, equal monthly installments beginning on March 15, 2013, subject to the Reporting Person's continued employment with the Company on each vesting date. Further, this option

(2) Match 19, 2019, subject to the Reporting Ferson's continued employment with the Company on each vesting date. Further, this option does not become exercisable until the Company has implemented the Zohydro ER comprehensive safe use and compliance initiatives, as determined by the Board of Directors.

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.