

CorMedix Inc.  
Form 3  
March 29, 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	
Houser Mark T.		(Month/Day/Year)	CorMedix Inc. [CRMD]	
(Last)	(First)	(Middle)	03/24/2010	
C/O CORMEDIX INC., 86			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
SUMMIT AVENUE, SUITE 301				
(Street)			(Check all applicable)	
SUMMIT, NJ 079013647			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Chief Medical Officer	

**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, \$0.001 par value per share	13,528	D	

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)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
12% Convertible Notes	Â (1)	Â (1)	Units consisting of common stock and warrant (2) 14,652 \$ (1)	D Â
Stock Option (right to buy)	Â (3)	08/01/2018	Common Stock, \$0.001 par value per share 1,915 \$ 8.23	D Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Houser Mark T. C/O CORMEDIX INC. 86 SUMMIT AVENUE, SUITE 301 SUMMIT, NJ 079013647	Â	Â	Â Chief Medical Officer	Â

## Signatures

/s/ Houser, Mark T. 03/29/2010

\_\_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) The outstanding principal amount of the 12% Convertible Notes, and all accrued interest thereon, will automatically convert into units, each unit consisting of two shares of common stock and a warrant to purchase one share of common stock, at a conversion price of \$6.50 per unit, upon the consummation of the Company's initial public offering.

(2) Each unit consists of two shares of common stock and a warrant to purchase one share of common stock at an exercise price of \$3.4375 per share. Each warrant will become exercisable upon the earlier to occur of the expiration of the underwriters' over allotment option or its exercise in full (in connection with the Company's initial public offering), and will expire on March 24, 2015, or earlier upon redemption.

(3) These options vest as follows: 1/3 on March 4, 2009; an additional 1/3 on March 4, 2010; and the remaining 1/3 on March 4, 2011.

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.