Edgar Filing: Insys Therapeutics, Inc. - Form 4

Insys Therap Form 4	peutics, Inc.										
May 27, 201	5										
									OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check th if no long							Expires:	January 31, 2005			
subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Estimated a burden hou response	average urs per	
Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 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)										
Tambi Brian Symbol							5. Relationship of Reporting Person(s) to Issuer				
	Insys Th	nerapeutio	cs, Inc. [INSY	[]	(Check all applicable)					
(Last)					ansaction			X Director 10% Owner			
(Month/D C/O INSYS THERAPEUTICS, INC., 444 SOUTH ELLIS STREET				/2015 -				Officer (give titleOther (specify below) below)			
				mendment, Date Original /lonth/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 			
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	rities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common					Amount	(D)	Price				
Stock	05/26/2015			М	1,800	A	\$ 1.22	1,800	D		
Common Stock	05/26/2015			S	1,800	D	\$ 60	0	D		
Common Stock	05/27/2015			М	3,100	А	\$ 1.22	3,100	D		
Common Stock	05/27/2015			S	3,100	D	\$ 60.09 (1)	0	D		

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

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 Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactie Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. H Dei Sec (In:
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 1.22	05/26/2015		М	1,800	(2)	02/21/2020	Common Stock	1,800	
Stock Option (right to buy)	\$ 1.22	05/27/2015		М	3,100	(2)	02/21/2020	Common Stock	3,100	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Tambi Brian C/O INSYS THERAPEUTICS, INC. 444 SOUTH ELLIS STREET CHANDLER, AZ 85224	Х						
Signatures							
/s/ Darryl S. Baker, Attorney-in-Fact	05/27	//2015					
<u>**</u> Signature of Reporting Person	Da	ite					
Explanation of Rospo	neae						

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).

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The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$60.00 to \$60.44 per share, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

(2) The option is fully vested and exercisable.

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.