Insys Therapeutics, Inc. Form 5 January 22, 2016

FORM 5

OMB APPROVAL

1 OTTIVI	_	STATES	SECUR	ITIES ANI	Э ЕХСН	ANGE C	OMMISSION	OMB	3235-0362		
Check this	box if							Number:	January 31,		
no longer s to Section	16							Expires:	2005		
Form 4 or 1 5 obligation	ns	CATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				EFICIAL	Estimated average burden hours per response 1.0				
may contin See Instruc	tion						тезропзе	1.0			
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section											
Reported	dungs Section 17(uity Holding vestment Co				1			
Form 4 Transaction Reported	ns	30(II)	of the m	vestment Co	mpany F	Ct 01 194	O				
1. Name and Ad BAKER DA					5. Relationship of Reporting Person(s) to Issuer						
DI HILLK DI	ICITE 5		Insys Therapeutics, Inc. [INSY]								
(Last)	(First) (I	Middle)	Check 3. Statement for Issuer's Fiscal Year Ended			k all applicable)					
(Month/Da				onth/Day/Year)			Director 10% Owner				
444 SOUTH	ELLIS STREET	Г	12/31/20)15			_X_ Officer (give title Other (specify below)				
444 SOUTH ELLIS STREET						Chief Financial Officer					
	(Street)				6. Individual or Joint/Group Reporting						
			Filed(Month/Day/Year)				(check applicable line)				
CHANDLE	R, AZ 85224										
OTH II (DEE)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						_X_ Form Filed by O Form Filed by N Person				
(City)	(State)	(Zip)	Table	e I - Non-Deri	vative Sec	urities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)			3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Securities Beneficially Owned at end	6. Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership		
					Amount	(A) or (D) Price	Fiscal Year (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)		

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

11/20/2015

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Common

Stock

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.

11,030 <u>(1)</u> <u>(2)</u>

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SEC 2270 (9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title	of 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title and	8. Price of
Derivat	ive Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amount of	Derivative
Security	y or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	Security
(Instr. 3	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	(Instr. 5)
	Derivative				Securities			(Instr. 3 and 4)	
	Security				Acquired				
	•				(A) or				
					Disposed				
					of (D)				
					(Instr. 3,				
					4, and 5)				
					(A) (D)	Date	Evniration	Title Amount	
					(A) (D)		*		
						Exercisable	Date	or Normhair	
								Number	
								of	
								Shares	

of D

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Reporting Owners

Reporting Owner Name / Address	Relationships						
Tioporous o mior round, reduces	Director	10% Owner	Officer	Other			
BAKER DARRYL S 444 SOUTH ELLIS STREET CHANDLER, AZ 85224	Â	Â	Chief Financial Officer	Â			

Signatures

/s/ Darryl S.
Baker

**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) On June 5, 2015, the Issuer effected a 2-for-1 stock split, resulting in the reporting person's ownership of 9,377 additional shares of common stock.
- (2) Includes 1,276 shares acquired by the Reporting Person on June 10, 2015 pursuant to the Issuer's Employer Stock Purchase Plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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