COOPER JOHN G

Form 4 March 21, 2018

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box

if no longer subject to Section 16.

Form 4 or Form 5 obligations

may continue. See Instruction STATEMENT OF CHANGES IN 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(b).

1. Name and Address of Reporting Person \*

COOPER JOHN G

4260 ERICA DRIVE

Security

(Instr. 3)

2. Issuer Name and Ticker or Trading

Symbol

ROCKWELL MEDICAL, INC.

[RMTI]

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 03/19/2018

(Street)

(State)

(Month/Day/Year)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Issuer

below)

X\_ Director

Applicable Line) \_X\_ Form filed by One Reporting Person

Officer (give title

Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner Other (specify

Person

DOYLESTOWN, PA 18902

(City) 1.Title of

2. Transaction Date 2A. Deemed

(Zip)

Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Code V Amount (D) Price

5. Amount of Securities Beneficially Owned Following

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Reported Transaction(s) (Instr. 3 and 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

(A)

or

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

#### Edgar Filing: COOPER JOHN G - Form 4

(Instr. 3)	Price of Derivative Security	(Month/I	Day/Year)	(Instr.	8)	Acquired or Dispos (D) (Instr. 3, 4 and 5)	ed of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy) (1)	\$ 5.75	03/19/2018		A <u>(1)</u>		39,838		03/19/2019	03/19/2028	Common Stock	39,838

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting owner name / namess	Director	10% Owner	Officer	Other			
COOPER JOHN G 4260 ERICA DRIVE DOYLESTOWN, PA 18902	X						

## **Signatures**

/s/ Steven R. Barth, Attorney-in-Fact for John G.
Cooper 03/21/2018

\*\*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).

The grant of these options is contingent upon shareholder approval of the 2018 Rockwell Medical, Inc. Long Term Incentive Plan (the (1) "2018 Plan") at the Company's 2018 Annual Meeting of Shareholders. If the Company's shareholders do not approve the 2018 Plan, these contingent options are deemed null and void and may not be exercised 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.

Reporting Owners 2