

### ADAMAS PHARMACEUTICALS INC

# Reported by RHODES JENNIFER J

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 06/22/17 for the Period Ending 06/21/17

Address 1900 POWELL ST., SUITE 750

EMERYVILLE, CA 94608

Telephone 510-450-3554

CIK 0001328143

Symbol ADMS

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2.	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Rhodes Jennifer J						Adamas Pharmaceuticals Inc [ ADMS ]												
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner						
													X Officer (give title below) Other (specify below)  CBO, GC & Compliance Officer					
C/O ADAMAS PHARMACEUTICALS,						6/21/2017							CBO, GC &	Compilar	ice Officer			
INC., 1900 POWELL ST., SUITE 750																		
(Street)					4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)						6. Individual or Joint/Group Filing (Check Applicable Line)						
EMERYVILLE, CA 94608												X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(C	ity) (Sta	ite) (Zi	ip)								Tomi med by More than one reporting Ferson							
			Tab								•			neficially Owne			,	
1.Title of Security (Instr. 3)  2. Trans. Date				1	2A. Dee Execution Date, if	on (	. Trans. Constr. 8)	ode	Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. 7. Nature Ownership Form: Beneficial			
								Code	v	Amount	(A) or (D)	Price	;					Ownership (Instr. 4)
Common Stock 6/21/2017				17			S (1)		1041	D S	17.5348	(2)	28455 (3)		D			
	Tab	le II - Der	ivativ	ve Secu	rities	Bene	ficially	Owned	l ( e.	g., puts	, calls,	warra	nts,	options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	Execu			Acq Disp				'			rities	Underlying Security		derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	v	(A)	(D)	E	Date Exercisable	Expiration Date	Title	Amo	ount or Number of res		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

#### **Explanation of Responses:**

- (1) Pursuant to the mandatory sale to cover withholding tax requirements of the issuer's equity incentive plan, the shares were sold to cover the tax obligation realized upon the vesting of restricted stock units.
- (2) The shares were sold at prices ranging from \$17.531 to \$17.535. The reporting person will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.
- (3) Includes 1,259 shares purchased on 5/31/17 through the issuer's employee stock purchase plan.

#### **Reporting Owners**

Reporting Owner Name / Address		Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Rhodes Jennifer J C/O ADAMAS PHARMACEUTICALS, INC. 1900 POWELL ST., SUITE 750 EMERYVILLE, CA 94608			CBO, GC & Compliance Officer						

#### **Signatures**

/s/ William J. Dawson, Attorney-in-fact	6/22/2017		
** Signature of Reporting Person	Date		

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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

