

# ADAMAS PHARMACEUTICALS INC Reported by MERRIWEATHER ALFRED G

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 07/10/17 for the Period Ending 07/10/17

Address 1900 POWELL ST., SUITE 750

EMERYVILLE, CA 94608

Telephone 510-450-3554

CIK 0001328143

Symbol ADMS

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. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
MERRIWE	ATHER	ALFRE	D G		Ada	amas Ph	armace	eutic	cals I	[nc [ A	<b>AD</b>	MS]			10	0/ 0	
(Last) (First) (Middle)			3. Date of Earliest Transaction (MM/DD/YYYY)							X Officer (g	ive title belo		% Owner Other (speci	fv below)			
C/O ADAMAS PHARMACEUTICALS, INC., 1900 POWELL ST., SUITE 750				7/10/2017							Chief Financial Officer						
·				4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)		
EMERYVILLE, CA 94608 (City) (State) (Zip)											_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Table I	I - Non-l	Deriv	vative Sec	urities Ac	equir	red, D	isposed	l of	, or Be	neficially Owne	ed			
1.Title of Security (Instr. 3)		2. Trans. Date		A. Deemed xecution ate, if any	3. Trans. Co (Instr. 8)	ode	or Dispo		ities Acquired (A) sed of (D) 4 and 5)		5. Amount of Securit Following Reported (Instr. 3 and 4)			Form:	7. Nature of Indirect Beneficial Ownership		
						Code	V	Amou	unt (A)		Price					(Instr. 4)	
Common Stock 7/10/2017			7		A		1875 (1)	8750 (1) A		\$0.00	18750			D			
	Tab	ole II - Der	ivative (	Securiti	es Be	eneficially	Owned (	( e.g.	, puts	s, calls,	wa	rrants,	options, conve	rtible sec	urities)		
(Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deen Execution Date, if a			5. Number Derivativ Acquired Disposed (Instr. 3,	e Securities (A) or of (D)		. Date Exercisable and xpiration Date		S		Underlying Security	Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	le '	V (A)	(D)	Date Exerc	cisable	Expiration Date	on T	itle	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Stock Option (Right to Buy)	\$16.98	7/10/2017		A		112500	)		<u>(2)</u>	7/9/2027	'	Common Stock	112500	\$0.00	112500	D	

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

- (1) Represents the grant of restricted stock units that vest 1/4th on each of September 20, 2018, September 20, 2019, September 20, 2020 and September 20, 2021
- (2) The shares subject to the option shall become vested according to the following schedule: 25% of the shares subject to the option shall vest on June 29, 2018, and the remaining shares will vest in equal monthly installments over the next 36 months.

#### **Reporting Owners**

Interporting 5 whers							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MERRIWEATHER ALFRED G							
C/O ADAMAS PHARMACEUTICALS, INC.	RMACEUTICALS, INC.		Chief Financial Officer				
1900 POWELL ST., SUITE 750			Chief Financial Officer				
EMERYVILLE, CA 94608							

#### **Signatures**

/s/ Jennifer Rhodes, Attorney-in-fact 7/10/2017
\*\*\*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 number.