Edgar Filing: COHEN RAYMOND W - Form 4

COHEN RA	YMOND W											
Form 4												
June 19, 201	8											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check thi				0 /					Expires:	January 31,		
if no long		MENT O	F CHAN	CHANGES IN BENEFICIAL OWNERSHIP OF						2005		
subject to STATEMENT OF CHA				SECURITIES					Estimated average burden hours per			
Form 4 or									response	•		
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 17	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								0.0		
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> COHEN RAYMOND W		2. Issuer Name and Ticker or Trading Symbol SPECTRUM				2	5. Relationship of Reporting Person(s) to Issuer					
			PHARMACEUTICALS INC [SPPI]					(Check all applicable)				
(Last)	(First)				Earliest Transaction ay/Year)			_X_ Director10% Owner Officer (give titleOther (specify				
11500 S. EA 240	ASTERN AVE.,	SUITE	06/18/20)18				below)	below)			
Filed(Mon			ndment, Date Original hth/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 					
HENDERS	ON, NV 89052							Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	Transaction Date 2A. Dee Ionth/Day/Year) Executi any (Month.		3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Stock, \$0.001 par value	06/18/2018			А	10,000 (1)	A	\$0	38,850	D			

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

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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. Transactio Code (Instr. 8)	TransactionDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 19.95	06/18/2018		А	20,000	(2)	06/18/2028	Common Stock	20,000	

Reporting Owners

Reporting Owner Name / Address				
1	Director	10% Owner	Officer	Other
COHEN RAYMOND W 11500 S. EASTERN AVE., SUITE 240 HENDERSON, NV 89052	Х			
Signatures				
/s/ Kurt A. Gustafson, attorney-in-fact fo Cohen	d W.	06/19/2018		
<u>**</u> 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) 100% of the restricted shares shall vest on the earlier of (1) June 18, 2019 or (2) the date of the company's 2019 Annual Meeting of Stockholders.
- (2) 25% of the option shares vested on June 18, 2018. The remaining option shares shall vest in 25% equal annual amounts on each anniversary date of the grant over three years.

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.