#### COLLERAN LISA N

Form 3

March 12, 2018

# FORM 3

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

OMB Number:

3235-0104

0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

Expires: January 31,

pires: 2005

**OMB APPROVAL** 

Estimated average burden hours per response...

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

**SECURITIES** 

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement ROCKWELL MEDICAL, INC. [RMTI] À COLLERAN LISA N (Month/Day/Year) 03/07/2018 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 30142 WIXOM ROAD (Check all applicable) (Street) 6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_\_ Director 10% Owner \_X\_ Form filed by One Reporting Officer Other Person WIXOM, MIÂ 48393 (give title below) (specify below) Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned

1.Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

Ownership Form: Direct (D) 4. Nature of Indirect Beneficial

Ownership (Instr. 5)

or Indirect
(I)
(Instr. 5)

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

SEC 1473 (7-02)

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

1. Title of Derivative Security 2. Date Exercisable and 3. Title and Amount of 4. 5. 6. Nature of Indirect Conversion Ownership (Instr. 4) **Expiration Date** Securities Underlying Beneficial Ownership (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5) (Instr. 4) Price of Derivative Derivative Security: Expiration Date Security Direct (D) Exercisable Date Amount or or Indirect Title Number of (I) Shares (Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

COLLERAN LISA N

30142 WIXOM ROAD Â X Â Â

WIXOM, MIÂ 48393

### **Signatures**

/s/ Steven R. Barth, Attorney-in-Fact for Lisa N. Colleran

03/12/2018

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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. 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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