Edgar Filing: COLLERAN LISA N - Form 4

COLLERAN LIS	A N										
Form 4											
March 21, 2018											
FORM 4	UNITED	статес	SECU	DITIES	AND F	VCUAR	NCE		Т	PPROVAL	
	STATES		shington			NGE		NOMB Number:	3235-0287		
Check this box if no longer									Expires:	January 31,	
subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									2005 average urs per . 0.5	
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	-	a) of the H	Public U		lding C	ompany	Act	nge Act of 1934, of 1935 or Section 940	on		
(Print or Type Respon	nses)										
1. Name and Address COLLERAN LIS	Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
		ROCKWELL MEDICAL, INC. [RMTI]					(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				Officer (give title 0% Owner Officer (give title Other (specify below)				
30142 WIXOM I	ROAD		03/19/2018					001010)	001010)		
(;	4. If Amendment, Date Original Filed(Month/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 						
WIXOM, MI 483	393							Person	wore than one R	epotting	
(City) (State)	(Zip)	Tab	le I - Non-	Derivati	ve Securi	ties A	cquired, Disposed	of, or Beneficia	lly Owned	
	nsaction Date th/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	Dispos)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V							
Reminder: Report on	a separate line	tor each cla	ass of secu	urities bene	-		-	-	ation of		
					info requ disp	rmation	cont respo	pond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	,	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				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>		36,281		03/19/2019	03/19/2028	Common Stock	36,281

Reporting Owners

Reporting Owner Name / Address				
1	Director	10% Owner	Officer	Other
COLLERAN LISA N 30142 WIXOM ROAD WIXOM, MI 48393	Х			
Signatures				
/s/ Steven R. Barth, Attorney-in	n-Fact for	Lisa N.		

Colleran 03/21/2018 **Signature of Reporting Person

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.

Date

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.