Myers C. D Form 4 December 2										
FORM	ЛЛ									PPROVAL
	UNITED	STATES S		RITIES A			NGE	COMMISSIO	N OMB Number:	3235-0287
if no lor subject Section Form 4 Form 5 obligation may con	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES 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									
(Print or Type	Responses)									
Myers C. Daniel Symb				2. Issuer Name <b>and</b> Ticker or Trading Symbol ALIMERA SCIENCES INC [ALIM]				<ul><li>5. Relationship of Reporting Person(s) to Issuer</li><li>[] (Check all applicable)</li></ul>		
(Mo			3. Date of Earliest Transaction (Month/Day/Year) 12/19/2012			X Director 10% Owner X Officer (give title Other (specify below) President and CEO				
			led(Month/Day/Year) Applicable Line) _X_ Form filed b			Joint/Group Filing(Check				
ALPHARE	CTTA, GA 30005							Form filed by Person	More than One R	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Secur	ities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D) and and and (A) or	1	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Re	port on a separate line	e for each clas	ss of sec	urities benef	ficially own	ned di	rectly o	or indirectly.		

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.

## 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. 8	I (	Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (Right to Buy)	\$ 1.66	12/19/2012		А		365,000		<u>(1)</u>	12/18/2022	Common Stock	365,00
Employee Stock Option (Right to Buy)	\$ 1.66	12/19/2012		A		110,000		(2)	12/18/2022	Common Stock	110,00

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>				
The forming of the reason of the second	Director	10% Owner	Officer	Other
Myers C. Daniel 6120 WINDWARD PARKWAY, SUITE 290 ALPHARETTA, GA 30005	Х		President and CEO	
Signatures				

/s/ C. Daniel Myers	12/21/2012			
<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) This option shall vest in forty-eight equal monthly installments beginning on January 19, 2013, provided Reporting Person remains continuously employed by the Issuer through each vesting period.

This option shall become exercisable if and only if on or before June 30, 2013 the United Kingdom's National Institute for Health and

- (2) Clinical Excellence recommends ILUVIEN(R) for the treatment of diabetic macular edema, in which case this option shall vest in forty-eight equal monthly installments beginning on January 19, 2013, provided Reporting Person remains continuously employed by the
- Issuer through each vesting period.

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.