Edgar Filing: ALIMERA SCIENCES INC - Form 4

ALIMERA Form 4 December 1	SCIENCES INC 8, 2013										
									OMB A	PPROVAL	<u>_</u>
FORM	UNITED	STATES		RITIES A			NGE	COMMISSION	OMB Number:	3235-0)287
if no lon subject t Section Form 4 o Form 5 obligatio 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 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 Section 17(a) Section 16(a) of the Investment Company Act of 1940										/ 31, 2005 0.5
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> EISWIRTH RICHARD S JR			2. Issuer Name and Ticker or Trading Symbol ALIMERA SCIENCES INC [ALIM				C	5. Relationship of Reporting Person(s) to Issuer			
(Lest)	(First) (Middle)		- (Chec				ck all applicable)			
(Last) 6120 WINI SUITE 290	3. Date of Earliest Transaction (Month/Day/Year) 12/16/2013					Director 10% Owner X Officer (give title Other (specify below) COO and CFO					
				. If Amendment, Date Original ïled(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
ALPHARE	TTA, GA 30005							Form filed by Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secu	rities A	cquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D 4 and (A) or)	Securities Beneficially Owned	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 cla	ass of sec	urities bene	ficially ow	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)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (Right to Buy)	\$ 2.47	12/16/2013		A	235,000		<u>(1)</u>	12/15/2023	Common Stock	235,00
Employee Stock Option (Right to Buy)	\$ 2.47	12/16/2013		A	105,000		(2)	12/15/2023	Common Stock	105,00

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
EISWIRTH RICHARD S JR 6120 WINDWARD PARKWAY, SUITE 290 ALPHARETTA, GA 30005			COO and CFO				
Signatures							

Signatures

/s/ Richard S. 12/17/2013 Eiswirth

**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).
- This option shall vest in forty-eight equal monthly installments beginning on January 16, 2014, provided that the Reporting Person (1)remains continuously employed by the Issuer through each vesting period.

This option shall become exercisable only upon approval by the U.S. Food and Drug Administration of the Issuer's New Drug

Application for ILUVIEN(R) for the treatment of diabetic macular edema, provided that such approval occurs on or before December 31, (2) 2014, in which case this option shall vest in forty-eight equal monthly installments beginning on January 16, 2014, provided further that the 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.