## Edgar Filing: HORIZON PHARMA, INC. - Form 4

HORIZON P	HARMA, INC.											
Form 4												
March 07, 20	12											
FORM							PPROVAL					
		SECURITIES AND EXCHANGE CO Washington, D.C. 20549					OMB Number:	3235-0287 January 31,				
Check this if no long	er											
subject to Section 10 Form 4 or	SIAIEN 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expired: 200 Estimated average burden hours per response 0.			
Form 5	Filed put	rsuant to	Section 10	6(a) of the	of the Securities Exchange Act of 1934,							
obligation may conti	$^{18}$ Section 170						•	f 1935 or Section	n			
See Instru 1(b).		30(h)	of the In	vestment	Company	v Act	of 194	40				
(Print or Type R	esponses)											
CLIEDNANT IEEEDEN W			2. Issuer Symbol	Name and	Ticker or T	rading	5	5. Relationship of Reporting Person(s) to Issuer				
				ON PHAI	RMA, IN	С. [Н	ZNP]	(Check all applicable)				
(Last)	(First) (	Middle)	3. Date of	Earliest Tra	ansaction			(ence	k un uppheuok	.)		
C/O HORIZON PHARMA, (Month/D) 03/02/20				-				Director 10% Owner X_ Officer (give title Other (specify				
	AKE COOK RC	DAD,	03/02/20	)12				below)	below)			
SUITE 520								EVF&C		Incer		
	(Street)	Street) 4. If Ame			te Original			6. Individual or Joint/Group Filing(Check				
Filed(Mon			th/Day/Year)	)			Applicable Line) _X_ Form filed by One Reporting Person					
DEERFIELI	D, IL 60015							Form filed by M Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date,			3. Taran setia	4. Securition(A) or Dis			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		
(Instr. 3)	(Wonth/Day/Tear)	any	· · · · · ·		(D)	sposed	01	Beneficially ( Owned Following ( Reported	(D) or Bene Indirect (I) Own	Beneficial		
		(Month/	Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5) (A)		5)			Ownership (Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount 22,000	(D)	Price					
Stock	03/02/2012			А	<u>(1)</u>	А	\$0	22,000	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		the and unt of critying rities 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
Repo	rting O	wners	Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SHERMAN JEFFREY W C/O HORIZON PHARMA, INC. 520 LAKE COOK ROAD, SUITE 520 DEERFIELD, IL 60015			EVP & Chief Medical Officer					
Signatures								
Robert J. De Vaere, Attorney-In-Fact	03/07/2	2012						
<u>**Signature of Reporting Person</u>	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).

On January 3, 2012, the reporting person was granted restricted stock units which vest upon the achievement of certain performance (1) criteria. On March 2, 2012, a portion of the restricted stock units vested in connection with the successful closing of the Company's securities offering.

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.