## Edgar Filing: Nance Mark E - Form 4

Nance Mark	E										
Form 4	_										
April 19, 201	9										
FORM	$ 4 _{\mathrm{UNITT}}$	а стате	SECUD	TTIES /	ND EV(	• <b>TT</b> A N		COMMISSION	т	PPROVAL	
		DSIAIE			, D.C. 205		GE (	_01v11v1155101v	OMB Number:	3235-0287	
Check thi	s box		vv as	sington	, D.C. 20:	549				January 31,	
if no long	)F CHAN	GES IN	BENEFI	CIAI	OW	NERSHIP OF	Expires:	2005			
subject to Section 1	subject to				ECURITIES				Estimated a	0	
	Form 4 or						burden hours per response 0.5				
Form 5	Filed	pursuant to	Section 1	6(a) of th	ne Securiti	es Ex	chang	e Act of 1934,	·		
obligatior may conti				•	•	• •		f 1935 or Sectio	n		
See Instru 1(b).		30(h	a) of the In	vestment	t Compan	y Act	of 194	40			
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Nance Mark E			2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			Insys Th	Insys Therapeutics, Inc. [INSY]					(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of	Earliest T	ransaction			(Chec	.k all applicable	-)	
				(Month/Day/Year)				Director 10% Owner			
1333 S SPE0	CTRUM BLV	/D #100	01/25/20	019				X Officer (give below) Chief Lega	e title Oth below) al Officer & Ge	er (specify m Cnsl	
	(Street)		4. If Ame	ndment, D	ate Original			6. Individual or Jo	oint/Group Filii	ng(Check	
			Filed(Mor	Filed(Month/Day/Year)				Applicable Line)			
CHANDLE	R, AZ 85286							_X_ Form filed by M Form filed by M Person	One Reporting Pe More than One Re		
(City)	(State)	(Zip)	Tabl	e I - Non-l	Derivative S	Securit	ies Acc	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction			3.				5. Amount of	6. Ownership		
Security (Instr. 3)	· · · · · · · · · · · · · · · · · · ·		ion Date, if	Transaction(A) or Disposed of Code (D)					Form: Direct (D) or	Indirect Beneficial	
(11511-0)		any (Montł	n/Day/Year)				Owned	Indirect (I)	Ownership		
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	01/25/2019			A	10,000		\$ 0	25,000	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 3.81	01/25/2019		A	70,000	<u>(1)</u>	01/24/2029	Common Stock	70,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
I de la companya de la	Director	10% Owner	Officer	Other			
Nance Mark E 1333 S SPECTRUM BLVD #100 CHANDLER, AZ 85286			Chief Legal Officer & Gen Cnsl				
Signatures							

/s/ Mark E. Nance <u>\*\*Signature of</u> Reporting Person O4/19/2019 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) The option vests in 48 equal monthly installments and will be fully vested and exercisable on January 25, 2023.

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.