Edgar Filing: Caballa Susan - Form 4

Caballa Susa	in												
Form 4 July 20, 2012	,												
										OMB AI	PPROVAL		
FORM	UNITED	STATES				ND EXC D.C. 205		IGE (COMMISSION	OMB Number:	3235-0287		
Check the if no long					CIAI			Expires:	January 31, 2005				
subject to STATEMENT OF CHANG					GES IN BENEFICIAL OWNERS SECURITIES					Estimated a burden hou	average rs per		
Form 4 o Form 5		cuant to (Section 16	S(a) of t	tha	Securiti	oc Ev	chana	e Act of 1934,	response	0.5		
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the		ility Ho	oldi	ing Com	pany	Act of	f 1935 or Section	n			
(Print or Type F	Responses)												
Caballa Susan Symb			Symbol						5. Relationship of Reporting Person(s) to Issuer				
				RA SCIENCES INC [ALIM]					(Check all applicable)				
(Last) 6120 WIND SUITE 290	(First) (N	Aiddle) AY,	3. Date of (Month/Date) (Month/	ay/Year)		nsaction			Director X Officer (give below) SVP,Regula		Owner er (specify Affairs		
				endment, Date Original nth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
ALPHARE	ГТА, GA 30005									fore than One Re			
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	ecurit	ies Acc	juired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)	Executio any	med on Date, if Day/Year)	3. Transac Code (Instr. 8		4. Securit n(A) or Di (D) (Instr. 3, 4	sposed 4 and 5 (A)	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	07/18/2012			A <u>(1)</u>		10,520	А	\$0	67,797	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. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) vative rities uired or osed 0)		7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Caballa Susan 6120 WINDWARD PARK ALPHARETTA, GA 30005			SVP,Regulatory&Medical Affairs					
Signatures								
/s/ Susan Caballa	07/19/2012							

<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).

Represents shares of common stock issuable pursuant to restricted stock units which vested on July 18, 2012 as a result of the issuer's(1) receipt of marketing authorization of ILUVIEN in at least four of the seven EU countries in which ILUVIEN has been recommended for marketing authorization.

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.