Edgar Filing: Anthera Pharmaceuticals Inc - Form 4

Form 4	rmaceuticals Inc					
July 14, 2010 FORN	14 UNITED STATE	ES SECURITIES AND EXCHANGE Washington, D.C. 20549	COMB APPROVAL OMB 3235-0287 Number:			
Check th if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. r Filed pursuant to sinue. Section 17(a) of the 200	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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 I	Responses)					
1. Name and A TRUEX PA	ddress of Reporting Person <u>*</u> UL F	2. Issuer Name and Ticker or Trading Symbol Anthera Pharmaceuticals Inc [ANTH]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
INC., 25801	(First) (Middle) ERA EUTICALS, INDUSTRIAL RD, SUITE B	3. Date of Earliest Transaction (Month/Day/Year) 07/13/2010	_X_ Director 10% Owner _X_ Officer (give title Other (specify below) President and CEO			
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)	(State) (Zip)	Table I. Non Derivative Securities Ad	Person			
1.Title of Security (Instr. 3)	2. Transaction Date 2A. De (Month/Day/Year) Execut any		SecuritiesForm: DirectIndirectBeneficially(D) orBeneficialOwnedIndirect (I)OwnershipFollowing(Instr. 4)(Instr. 4)ReportedTransaction(s)(Instr. 3 and 4)			
Common Stock	07/13/2010	G V 23,364 D \$0	779,253 D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
TRUEX PAUL F C/O ANTHERA PHARMACEUTICALS, INC. 25801 INDUSTRIAL BOULEVARD, SUITE B HAYWARD, CA 94545	Х		President and CEO				
Signatures							
/s/ Mitzi Chang, by power of attorney for Paul F. Truex		07/13/20	10				
**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).

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.