ODINK DEBRA

Form 4

September 24, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

OMB APPROVAL

Number:

Expires:

January 31, 2005

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue.

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

See Instruction 1(b).

Common

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * ODINK DEBRA			2. Issuer Name and Ticker or Trading Symbol Anthera Pharmaceuticals Inc [ANTH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
· ·	ERA	(M	3. Date of Earliest Transaction (Month/Day/Year) 09/24/2010					Director 10% OwnerX_ Officer (give title Other (specify below) VP, Pharmaceutical R&D				
				dment, Date Original h/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
HAYWARD						_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 09/24/2010		Date, if Trans Code	. 8)	4. SecuritonAcquired Disposed (Instr. 3, Amount 1,000	(A) of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										By The		

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

Debra A.

Odink

Living Trust

95,928

Ι

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of		3. Transaction Date		4.	5.	6. Date Exerc Expiration D			le and	8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transacti Code (Instr. 8)	of (Month/Day			Secur	rlying	Derivative Security (Instr. 5)	Deriv Secur 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

ODINK DEBRA C/O ANTHERA PHARMACEUTICALS, INC. 25801 INDUSTRIAL BOULEVARD, SUITE B HAYWARD, CA 94545

VP, Pharmaceutical R&D

Signatures

/s/ Mitzi Chang, by power of attorney for Debra Odink, Ph.D.

09/24/2010

**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.

Reporting Owners 2