

Imprimis Pharmaceuticals, Inc.  
Form 3  
February 02, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
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**INITIAL STATEMENT OF 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 Responses)

1. Name and Address of Reporting Person * Â SAHAREK JOHN P. (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 02/01/2015	3. Issuer Name and Ticker or Trading Symbol Imprimis Pharmaceuticals, Inc. [IMMY]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Commercial Officer	5. If Amendment, Date Original Filed(Month/Day/Year)
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C/O IMPRIMIS  
PHARMACEUTICALS,  
INC., Â 12264 EL CAMINO  
REAL, SUITE 350  
  
(Street)

SAN DIEGO, Â CA Â 92130  
  
(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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## Edgar Filing: Imprimis Pharmaceuticals, Inc. - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Option (Right to Buy)	Â (1)	11/12/2023	Common Stock	20,000	\$ 4.16	D	Â
Option (Right to Buy)	Â (2)	03/03/2024	Common Stock	5,000	\$ 8.75	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SAHAREK JOHN P. C/O IMPRIMIS PHARMACEUTICALS, INC. 12264 EL CAMINO REAL, SUITE 350 SAN DIEGO, CA 92130	Â	Â	Â Chief Commercial Officer	Â

## Signatures

/s/ John P. Saharek                      02/02/2015

    Signature of Reporting Person                      Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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 stock option was granted on November 12, 2013 pursuant to the Issuer's 2007 Stock Incentive and Awards Plan (the "Plan") and vests over a 3-year period, with 25% of the total number of shares subject to the option vesting on the one-year anniversary of the grant date and the remaining shares subject to the option vesting in equal installments each quarterly period following the one-year anniversary of the grant date.
- (2) The stock option was granted on March 3, 2014 pursuant to the Plan and vests over a 4-year period, with 25% of the total number of shares subject to the option vesting on the one-year anniversary of the grant date and the remaining shares subject to the option vesting in equal installments each quarterly period following the one-year anniversary of the grant date.

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.