**HUME DANIEL** Form 4 June 28, 2018

## FORM 4

#### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

2005 Estimated average

0.5

**SECURITIES** 

burden hours per response...

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

**STOCK** 

(Print or Type Responses)

1. Name and Address of Reporting Person * HUME DANIEL			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			TG THERAPEUTICS, INC. [TGTX]					(Check all applicable)			
(Last)	(First) (	(Middle)	3. Date of Earliest Transaction								
			(Month/Day/Year)					Director		Owner	
2 GANSEVOORT ST, 9TH FLOOR			06/26/2018					Officer (give below)	below)	r (specify	
	(Street)  NEW YORK, NY 10014  (City) (State) (Zip)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
	Filed(Month/Day/Year)					Applicable Line)					
NEW YORK, NY 10014 (City) (State) (Zip)								_X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table l	I - Non-Dei	rivative Sec	curitie	s Acqu	iired, Disposed of	, or Beneficiall	y Owned	
1.Title of	1.Title of 2. Transaction Date 2A. D		eemed	3. 4. Securities Acquired			quired	5. Amount of	6. 7. Natur	7. Nature of	
· · · · · · · · · · · · · · · · · · ·		tion Date, if		ransaction(A) or Disposed of			Securities	- · · · · · · · · · · · · · · · · · · ·	Indirect		
(Instr. 3)	(Instr. 3) any		h/Day/Vaan)	Code			<b>.</b> .	Beneficially Owned	Form: Direct	Beneficial Ownership	
		(MOIII	h/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)			"	Owned (D) or Owners Following Indirect (I) (Instr. 4			
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(IIIsu: +)	
COMMON STOCK	06/26/2018			A	15,000	A	\$ 0	92,459 (2)	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

(1)

#### Edgar Filing: HUME DANIEL - Form 4

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exerci Expiration Da		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		Underlying Securities (Instr. 3 and 4)	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)		Expiration Date	Title Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HUME DANIEL 2 GANSEVOORT ST, 9TH FLOOR NEW YORK, NY 10014

### **Signatures**

/s/ Daniel Hume 06/27/2018

\*\*Signature of Date
Reporting Person

## **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) Reflects a grant of restricted shares that will vest on June 26, 2021.
- (2) Includes shares of restricted Common Stock, which vest over various time periods.

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.

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