### Edgar Filing: DUSA PHARMACEUTICALS INC - Form 4

#### DUSA PHARMACEUTICALS INC

Form 4 May 13, 2008

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

**OMB APPROVAL OMB** 3235-0287 Number:

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, 2005

0.5

Section 16. Form 4 or Form 5 obligations

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Estimated average burden hours per response...

may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Expires:

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* SHULMAN D GEOFFREY

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

(Middle)

DUSA PHARMACEUTICALS INC

(Check all applicable)

[DUSA]

(Last) (First) 3. Date of Earliest Transaction

X Director 10% Owner \_X\_\_ Officer (give title \_\_X\_\_ Other (specify

(Month/Day/Year)

below) below)

C/O DUSA PHARMACEUTICALS. 05/09/2008 Chairman of the Board & / Chief Strategic

Officer

INC., 555 RICHMOND STREET

WEST, SUITE 300

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

TORONTO, A6 M5V3B2

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(Month/Day/Year)

2. Transaction Date 2A. Deemed Execution Date, if

(Month/Day/Year)

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

6. Ownership 7. Nature of Securities Beneficially (D) or Owned Following (Instr. 4)

Form: Direct Indirect Beneficial Indirect (I) Ownership (Instr. 4)

Code V Amount

Reported (A) Transaction(s) (Instr. 3 and 4) Price

Common Stock

05/09/2008

(D) 11,000 Α (1)

\$0  $11,000^{(1)}$  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)

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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. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year) A)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 2.2	05/09/2008		A	16,500 (2)	05/09/2009	05/09/2015	Common Stock	16,500

Relationshin

# **Reporting Owners**

Reporting Owner Name / Address	Actationsimps					
	Director	10% Owner	Officer	Other		
SHULMAN D GEOFFREY C/O DUSA PHARMACEUTICALS, INC. 555 RICHMOND STREET WEST, SUITE 300 TORONTO, A6 M5V3B2	X		Chairman of the Board &	Chief Strategic Officer		

# **Signatures**

/s/ D. Geoffrey
Shulman

\*\*Signature of Reporting

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).
- (1) Stock Awards vest at the rate of one-quarter of the total grant on each of the first, second, third and fourth anniversaries of the date of grant.
- (2) Options vest at the rate of one-quarter of the total grant on each of the first, second, third and fourth anniversaries of the date of grant.

#### **Remarks:**

See attached footnote page.

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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