SEC Form 4
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## FORM 4

JNITED	STATES	SECURI	<b>FIES</b>	S ANI	D EXCHANG	E COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

## OMB APPROVAL OMB Number: 3235-0287

Estimated average burden	
hours per response:	0.5

			0.00			.pail) / loc of 20 10					
1. Name and Address of Reporting Person <sup>*</sup> Claiborne Cary J				ier Name <b>and</b> Ticke A <u>mpo Pharma</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) 4520 EAST WEST HWY, 3RD FLOOR				e of Earliest Transa /2014	ction (Month/D	ay/Year)	X	Officer (give title below) Chief Fina	Other below ancial Officer	(specify /)	
(Street) BETHESDA	MD	20814	4. If Ai	mendment, Date of	Original Filed	Month/Day/Year)	6. Indiv Line) X	idual or Joint/Grou Form filed by On Form filed by Mo	e Reporting Pers	son	
(City)	(State)	(Zip)						Person		Jorning	
		Table I - No	n-Derivative S	Securities Acq	uired, Disp	osed of, or Benefi	cially (	Owned			
1 Title of Security (Instr. 3) 2. Transa				2A. Deemed	3	4. Securities Acquired (A)	ties Acquired (A) or 5. Amount of 6. Ownership				

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	if any '			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	(D) or Indirect	7. Nature of Indirect Beneficial Ownership		
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	

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. Transa Code ( 8)		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	ve es d ed nstr.	6. Date Exerci Expiration Dat (Month/Day/Ye	te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (Right to Buy)	\$6.75	09/11/2014		А		22,027		(1)	09/11/2024	Class A Common Stock	22,027	\$ <mark>0</mark>	124,987	D	
Employee Stock Option (Right to Buy)	\$6.75	09/11/2014		А		25,000		09/11/2018 <sup>(2)</sup>	09/11/2024	Class A Common Stock	25,000	\$0	149,987	D	

Explanation of Responses:

1. The option vests in four equal annual installments beginning on September 11, 2015.

2. Performance Conditions for accelerated vesting: One third of the Total Award may vest prior to the Vesting Date each time the Compensation Committee approves management's recommendation that certain pre-determined targets have been achieved in one of the three categories of strategic objectives of the Company.

/s/ Cary J. Claiborne

09/15/2014 Date

\*\* Signature of Reporting Person

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

\* 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.

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 Number.