Miao Graham G Form 4 July 31, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Expires: 2005 Estimated average burden hours per 0.5 response...

OMB APPROVAL

3235-0287

January 31,

OMB

Number:

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box

if no longer

subject to

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)

(Last)

1. Name and Address of Reporting Person * Miao Graham G

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

PERNIX THERAPEUTICS HOLDINGS, INC. [PTX]

3. Date of Earliest Transaction

(Check all applicable)

President and CFO

C/O PERNIX THERAPEUTICS

(Street)

(State)

(First)

(Middle)

(Zip)

(Month/Day/Year) 07/27/2017

_X__ Director 10% Owner X_ Officer (give title Other (specify below)

HOLDINGS, INC., 10 NORTH PARK PLACE, SUITE 201

> 4. If Amendment, Date Original Filed(Month/Day/Year)

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

Form filed by More than One Reporting

Beneficial

Ownership

(Instr. 4)

MORRISTOWN, NJ 07960

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year)

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 Form: Direct Indirect Beneficially (D) or Owned Indirect (I) Following (Instr. 4) Reported

(A) Code V (D) Amount

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

Common Stock

07/27/2017

8,132 F (1)

57,368 (2) 3.15

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)

Edgar Filing: Miao Graham G - Form 4

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D)			7. Title a Amount of Underlying Securities (Instr. 3 a	int of rlying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Miao Graham G							
C/O PERNIX THERAPEUTICS HOLDINGS, INC.	X	President					
10 NORTH PARK PLACE, SUITE 201	Λ		and CFO				
MORRISTOWN, NJ 07960							

Signatures

/s/ Graham G.
Miao

**Signature of Reporting Person

O7/31/2017

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) No shares were sold these shares were withheld by the Issuer to satisfy tax withholding requirements in connection with the insider's exercise of his withholding right following the vesting of restricted share units.
- Consists of (x) 13,701 shares of common stock and (y) the unvested amount of previously-awarded restricted share units that vest in two equal installments of approximately 21,833 shares, with the next installment vesting on July 26, 2018 and the final installment vesting on July 26, 2019.

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