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Lefkowitz Steven	n W									
Form 4 August 15, 2011										
	l								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-0287	
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 obligations 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						Estimated a burden hou response	Estimated average burden hours per response 0.5		
(Print or Type Respo	onses)									
1. Name and Address of Reporting Person <u>*</u> Lefkowitz Steven W			2. Issuer Name and Ticker or Trading Symbol CorMedix Inc. [CRMD]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Middle) 3. Date of Earliest Transaction					(Chi				
C/O CORMEDIX INC., 745 RT. 202-206, SUITE 303			(Month/Day/Year) 08/11/2011			X_ Director Officer (giv below)		6 Owner er (specify		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				1	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting 					
BRIDGEWATE	ER, NJ 08807	,					Person	More than One Re	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficial	lly Owned	
	ansaction Date nth/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	1	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report of	n a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					Perso inforn requir	ns who res nation cont ed to resp lys a curre	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	EC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A or Disposed (D) (Instr. 3, 4, and 5)				
				Code V	(A) ((D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 1.1	08/11/2011		А	30,000	<u>(1)</u>	08/11/2021	Common Stock, \$0.001 par value per share	30,000

Reporting Owners

Reporting Owner Name / Address	S			
	Director	10% Owner	Officer	Other
Lefkowitz Steven W C/O CORMEDIX INC. 745 RT. 202-206, SUITE 303 BRIDGEWATER, NJ 08807	Х			
Signatures				
/s/ Steven W. Lefkowitz	08/12/2011			

**Signature of Reporting Date 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) The options vest ratably, one-third of which will vest on each of the grant date, the first anniversary and the second anniversary thereof.

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.