## Edgar Filing: DERMA SCIENCES, INC. - Form 4

DERMA SO	CIENCES, INC.										
Form 4											
December 2	23, 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL		
	UNITED	STATES S					COMMISSION		3235-0287		
Check the	his box		vv as	shington	, D.C. 20	1549		Number:	January 31,		
if no lor		MENT OF (	СНАМ	ICES IN	RENEE	Expires:	Expires: 2005				
subject section	10			SECUR				Estimated	Estimated average burden hours per response 0.5		
Form 4				52001							
Form 5	Filed put	rsuant to Sec	ction 1	6(a) of th	e Securi	ties Excha	nge Act of 1934,	•			
obligation may cor		(a) of the Pu	blic U	tility Hol	ding Cor	npany Act	of 1935 or Section	on			
See Inst		30(h) of	f the In	vestment	Compar	ny Act of 1	.940				
1(b).											
(Print or Type	Pagnongag)										
(Finit of Type	Kesponses)										
1. Name and	Address of Reporting	Person *	2 Issue	r Name <b>and</b>	l Ticker or	Trading	5. Relationship of	of Reporting Per	rson(s) to		
WILLS ST			ymbol		· Hener of	Truumg	Issuer				
		-	DERMA SCIENCES, INC. [DSCI]								
(Last)	(First) (	Middle) 3.	Date of	f Earliest T	ransaction		(Che	eck all applicabl	e)		
				Day/Year)	luisuetion		_X_ Director 10% Owner				
			2/21/2015				Officer (give title X_ Other (specify below)				
INC., 4C CEDAR BROOK DRIVE							INTERIM EXECUTIVE CHAIRMAN				
(Street) 4				endment. Da	ate Origina	1	6. Individual or Joint/Group Filing(Check				
			4. If Amendment, Date Original Filed(Month/Day/Year)				Applicable Line)				
						_X_ Form filed by One Reporting Person Form filed by More than One Reporting					
CRANBUI	RY, NJ 08512						Person	More than One R	eporting		
(City)	(State)	(Zip)	Tabl	a I Non I	Dorivotivo	Socurities A	Acquired, Disposed	of or Bonoficio	lly Ownod		
1 77.4		-							-		
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da		3. Transaction	4. Securit			6. Ownership Form: Direct	7. Nature of Indirect		
(Instr. 3)	(Wolding Duy, Tear)	any (Month/Day/Year)		Code	Disposed of (D)			(D) or Indirect			
				(Instr. 8)	(Instr. 3, 4			(I)	Ownership		
							Following Reported	(Instr. 4)	(Instr. 4)		
						(A)	Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each class	s of secu	rities benef	•	•	•				
					Perso	ons who res	spond to the colle	ection of S	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. 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

## Edgar Filing: DERMA SCIENCES, INC. - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 4.48	12/21/2015		А	15,000		<u>(1)</u>	12/21/2025	Common Stock	15,000
Repo	rting Ow	ners								
Reporting Owner Name / Address			Director 10% Ow	ner Offic	<b>Relation</b> er Other	nship	S			
PALATI 4C CEDA	TEPHEN T N TECHNOLO AR BROOK DR JRY, NJ 08512		Х		INTE	RIM	I EXECUTI	VE CHAIRM	IAN	
Signa	tures									
/s/ Steph Wills		12/23/201	.5							
<u>**</u> Signa 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) The options reported herein were granted under the issuer's equity incentive plan and will vest on a monthly basis over a one-year period from the grant date so long as the reporting person remains an employee of the issuer.
- (2) The options reported herein were issued without payment of consideration in connection with the reporting person's employment with the issuer.

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.

(