## Edgar Filing: DE VAERE ROBERT J - Form 4

DE VAERE	ROBERT J												
Form 4													
July 27, 2012	2												
FORM	4										PPROVAL		
	UNITED	) STATES				ND EXC D.C. 205		IGE (	COMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er <b>STATE</b> 6. Filed pu 18 Section 17	ursuant to a value of the value	IENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES suant to Section 16(a) of the Securities Exchange Act of 1934, a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							January 31 Expires: 2009 Estimated average burden hours per response 0.3			
(Print or Type R	tesponses)												
			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol HORIZON PHARMA, INC. [HZNP]					<ul><li>5. Relationship of Reporting Person(s) to Issuer</li><li>(Check all applicable)</li></ul>				
(			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>07/26/2012</li></ul>						Director 10% Owner XOfficer (give title Other (specify below) below) EVP & CFO				
				ndment, Date Original hth/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
DEERFIELI	D, IL 60015								Form filed by N Person				
(City)	(State)	(Zip)	Table	I - Non-	De	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any	emed on Date, if Day/Year)	3. Transact Code (Instr. 8) Code	tior ) V	n(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	07/26/2012			А		33,000 (1)	А	\$0	60,391 <u>(2)</u>	D			

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

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 control number.

 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
DE VAERE ROBERT J C/O HORIZON PHARMA, INC. 520 LAKE COOK ROAD, SUITE 520 DEERFIELD, IL 60015			EVP & CFO					
Signatures								
Robert J. De Vaere, Attorney-In-Fact	07/27/2							
<u>**</u> Signature of Reporting Person	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).
- On January 3, 2012, the reporting person was granted restricted stock units which vest upon the achievement of certain performance
   (1) criteria. On July 26, 2012, a portion of the restricted stock units vested in connection with U.S. Food and Drug Administration approval of the new drug application for RAYOS.
- (2) Includes 5,391 shares of the Company's common stock acquired pursuant to an employee stock purchase program.

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.