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CorMedix In Form 4 April 13, 201 FORN Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	12 I 4 UNITED S is box ger 6. r Filed pure inue. action	IENT O suant to s	Was F CHAN Section 14 Public Ut	Shington, GES IN I SECUR 6(a) of the	D.C. 205 BENEFI ITIES e Securiti ling Com	5 49 CIAI es Ex pany	L OW cchange Act of	COMMISSION NERSHIP OF e Act of 1934, f 1935 or Section 0	OMB Number: Expires: Estimated a burden hour response	•	
PHARMABIO DEVELOPMENT Symbol			Name and		Fradin	g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/D 4208 SIX FORKS ROAD, SUITE 04/12/20 920 04/12/20			-				Director Officer (give title below) Other (specify below)				
(Street) 4. If Amer Filed(Mon				endment, Date Original nth/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 			
$(\mathbf{C}^{\prime}_{\mathbf{r}}, \mathbf{r})$ $(\mathbf{P}_{\mathbf{r}}, \mathbf{r})$ $(\mathbf{T}^{\prime}_{\mathbf{r}})$					Person						
(City)		(Zip)					-	uired, Disposed of			
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if		Code (Instr. 3, 4 and 5) ar) (Instr. 8) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial			
Common Stock, \$0.001 par value per share	04/12/2012			Code V	Amount 11,000	(D) D	Price \$ 0.45	778,563	D		

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

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 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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Add	lress	Relationships						
		Director	10% Owner	Officer	Other			
PHARMABIO DEVELOPME 4208 SIX FORKS ROAD SUITE 920 RALEIGH, NC 27609	NT INC		Х					
Signatures								
Michael Troullis President	04/13/20	012						
**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).

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.