SHROTRIYA RAJESH C MD

Form 4 March 27, 2008

FORM 4

OMB APPROVAL

OMB

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3235-0287 Number: January 31, Expires: 2005

if no longer subject to Section 16. Form 4 or

Check this box

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

Estimated average burden hours per response... 0.5

Form 5 obligations may continue.

See Instruction

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

1(b).

(Print or Type Responses)

| | ddress of Reporting F A RAJESH C MI | D Symbol SPEC | uer Name and Ticker or Trading ol TRUM RMACEUTICALS INC [SPPI] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
|--------------------------------------|---|--|--|---|--|--|
| (Last) 157 TECHN | (First) (M | (Month | e of Earliest Transaction n/Day/Year) /2008 | X Director 10% Owner Officer (give title Other (specify below) Chairman, CEO & President | | |
| IRVINE, CA | (Street) A 92618 | | mendment, Date Original 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 Person | | |
| (City) | (State) | (Zip) Ta | able I - Non-Derivative Securities A | cquired, Disposed of, or Beneficially Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | e 2A. Deemed Execution Date, any (Month/Day/Yea | Code (D) | Securities Form: Direct Indirect Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported Transaction(s) (Instr. 3 and 4) | | |
| Common Stock \$.001 Par Value | 03/25/2008 | | A 40,000 A \$ 0 | | | |

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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisab | le and | 7. Title and A | Amount |
|--------------------------------------|-------------|---------------------|--------------------|-----------------------|-------------------|-------------------|--------------------|----------------------|---------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | TransactionDerivative | | Expiration Date | | Underlying Securitie | |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | | (Instr. 3 and 4) | |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Acquired (A) or | | | | |
| | Derivative | | | | Disposed of (D) | | | | |
| | Security | | | | (Instr. 3, 4, and | | | | |
| | J | | | | 5) | | | | |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amous Number Shares |
| Stock Option (Right to Buy) | \$ 2.55 | 03/25/2008 | | A | 500,000 | 03/25/2008(2) | 03/25/2018 | Common Stock | 500,0 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|---|---------------|-----------|---------------------------|-------|--|
| Troporting of their remains a remainder | Director | 10% Owner | Officer | Other | |
| SHROTRIYA RAJESH C MD 157 TECHNOLOGY DRIVE IRVINE, CA 92618 | X | | Chairman, CEO & President | | |

Signatures

Reporting Person

/S/ Shyam
Kumaria

**Signature of 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) Shares were acquired pursuant to a restricted stock grant. 100% of the shares vest on March 25, 2008.
- (2) 50% of the option shares vest on March 25, 2008. The remaining option shares vest in equal monthly increments over one year.

Remarks:

Shyam Kumaria on behalf of Rajesh Shrotriya by Power of Attorney.

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.

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