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TG THERAPE	EUTICS, INC.											
Form 4												
July 02, 2015												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE									OMB APPROVAL			
	UNITED 5	FATES		TIES AN iington, I			GE CC	DMMISSION	OMB Number:	3235-0287		
Check this l if no longer										January 31, 2005		
subject to	SIAIEMI	ENT OF	NT OF CHANGES IN BENEFICIAL OWNERSH						Estimated a			
Section 16. Form 4 or				SECURITIES					s per			
Form 5	Filed pursu	ant to S	ection 16	(a) of the	Securitie	s Exc	change	Act of 1934,	response	0.5		
obligations	Section $17(a)$			• •			U	.935 or Section				
may continu See Instruct	ue.		of the Inv	•	• •							
1(b).												
(Print or Type Res	sponses)											
								5. Relationship of Reporting Person(s) to Issuer				
			TG THERAPEUTICS, INC. [TGTX]				GTX]	(Check all applicable)				
(Last)	(First) (Mie	ddle)	3. Date of H		nsaction					-		
3 COLUMBUS CIRCLE,, 15TH 07/01/20 FLOOR				-				Director 10% Owner X_ Officer (give title Other (specify				
							below) below) CFO, Secretary and Treasurer					
			4. If Amend	ndment, Date Original			6	6. Individual or Joint/Group Filing(Check				
			Filed(Month	• • •				Applicable Line) _X_ Form filed by One Reporting Person				
NEW YORK,	NY 10019						-	Form filed by Mo Person				
(City)	(State) (Z	Cip)	Table	I - Non-De	rivative Se	curiti	es Acqui	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Dec (Month/Day/Year) Executi any (Month.			3.4. Securities AcquiredTransactior(A) or Disposed of (D)Code(Instr. 3, 4 and 5)				5. Amount of Securities Beneficially	6. Ownership Form:	7. Nature of Indirect Beneficial		
(1150.5)			Day/Year)				,) ,	Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)		
						(A)		Reported Transaction(s)	(I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(111501. 4)			
COMMON STOCK	07/01/2015			S <u>(1)</u>	50,054	D	\$ 16.46 (2)	449,472 <u>(3)</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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addres	s	Relationships						
	Director	10% Owner	Officer	Other				
Power Sean A 3 COLUMBUS CIRCLE, 15TH FLOOR NEW YORK, NY 10019			CFO, Secretary and Treasurer					
Signatures								
/s/ Sean A. Power	07/02/2015							

**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). **
- In connection with the vesting of 95,833 shares on June 30, 2015, these shares were sold by the Company's restricted stock administrator (1) in order to satisfy Mr. Power's tax withholding obligations. Mr. Power had no discretion with respect to such sale, which was transacted automatically in accordance with the Company's corporate policies regarding the vesting of restricted stock.
- (2) Represents the weighted average sales price.
- (3) Includes shares of restricted Common Stock, which vest over various time periods.

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.