## Edgar Filing: ADMA BIOLOGICS, INC. - Form 4

ADMA BIC Form 4	DLOGICS, INC.						
June 23, 201	14						
	ЛЛ					OMB A	PPROVAL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287
Check th if no lon subject t Section	ger <b>STATEN</b> 16.	AENT OF CH	ANGES IN SECU	Expires: January 31, 2005 Estimated average burden hours per			
Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	Filed pur ons Section 17(	a) of the Public	Utility Ho		nange Act of 1934, ct of 1935 or Section 2 1940	response	. 0.5
(Print or Type	Responses)						
1. Name and Address of Reporting Person <u>*</u> Grossman Adam S			ol	d Ticker or Trading	<ol> <li>5. Relationship of Reporting Person(s) to Issuer</li> </ol>		
				. 2	(Check all applicable)		
(Last) C/O ADMA STATE RC	A BIOLOGICS, I	(Mon	te of Earliest 7 th/Day/Year) 9/2014	Iransaction	X Director X Officer (give below) Pres		% Owner her (specify
			Amendment, I Month/Day/Ye	-	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
RAMSEY,	NJ 07446				Form filed by M Person	ore than One R	eporting
(City)	(State)	(Zip)	able I - Non-	Derivative Securities	Acquired, Disposed of	, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, any	Code r) (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or	Securities F Beneficially (I Owned (I Following (I Reported Transaction(s) (Instr. 3 and 4)	Ownership orm: Direct O) or Indirect ) nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Damindam Da		f		Amount (D) Pric			
keminder: Rej	port on a separate line	tor each class of		information co required to res	y or indirectly. espond to the collect ntained in this form a spond unless the forn rently valid OMB cont	are not n	SEC 1474 (9-02)

 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
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(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
Options to purchase	\$ 8.5 <u>(1)</u>	06/19/2014		А	99,309		(2)	06/18/2024	Common Stock	99,309

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Grossman Adam S C/O ADMA BIOLOGICS, INC. 465 STATE ROUTE 17 RAMSEY, NJ 07446	Х		President & CEO			
Signatures						

/s/ Adam S. Grossman	06/19/2014		
<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).

The exercise price reflects the per share fair market value of the Company's common stock, as determined by the closing price of the Company's common stock on the OTC Bulletin Board on February 21, 2014, the date that the option grant was approved by the

- (1) Company's board of directors, subject to stockholder approval of the 2014 Omnibus Incentive Compensation Plan (the "Plan") under which the option was granted. The Company's stockholders approved the Plan on June 19, 2014.
- (2) These options vest over four years with 25% vesting on the one year anniversary of the date of grant and the remaining 75% vesting monthly in equal installments over the next three years.

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.