### Edgar Filing: BARBARI SHARON SURREY - Form 3

BARBARI SHARON SURREY Form 3 January 28, 2019 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

# INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> BARBARI SHARON SURREY	2. Date of Event Requiring Statement (Month/Day/Year) 01/23/2019	quiring 3. Issuer Name <b>and</b> Ticker or Trading Symbol Foamix Pharmaceuticals Ltd. [FOMX]	
(Last) (First) (Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
C/O FOAMIX			1 1100(1101111)2 uj, 1 011)
PHARMACEUTICALS		(Check all applicable)	
LTD., 2 HOLZMAN STREET, REHOVOT SCIENCE PARK		X_ Director 10% Owner Officer Other	
(Street)		(give title below) (specify below)	6. Individual or Joint/Group

# REHOVOT, L3Â 7670402

(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned
1.Title of Secu (Instr. 4)	rity		2. Amount of Securities Beneficially Owned (Instr. 4)3.4. Nature of Indirect Beneficial Ownership0. Ownership 

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

SEC 1473 (7-02)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	

January 31,

2005

0.5

Expires:

response...

Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Form filed by More than One

Person

Reporting Person

Estimated average burden hours per

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Date	Expiration	Title
Exercisable	Date	

Amount or	Derivative	Security:
Number of	Security	Direct (D)
Shares		or Indirect
		(I)
		(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address		Relationships			
		Director	10% Owner	Officer	Other
ARI SHARON SURREY DAMIX PHARMACEUTICALS LTD. ZMAN STREET, REHOVOT SCIENCE PARK /OT, L3 7670402		ÂX	Â	Â	Â
atures					
ya Harsch, y-in-Fact	01/28/2019				

Date

\*\*Signature of Reporting Person

# **Explanation of Responses:**

# No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

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## **Remarks:**

BARBA C/O FO 2 HOLZ REHOV

Signa /s/ Muty Attorney

No securities are beneficially owned by the Reporting Person. Exhibit List - Exhibit 24 - 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.