## Edgar Filing: SCOLR Pharma, Inc. - Form 4

SCOLR Pha	arma, Inc.										
Form 4	00										
June 15, 20	ЛЛ	CT A TEC	SECU	DITIES		CHANCI	E COMMISSIO	N.T.	APPROVAL		
	UNITED	SIAIES		ashington				N OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or							OWNERSHIP OF Estimated average burden hours per				
Form 5 obligati may con <i>See</i> Inst 1(b).	Filed put ons ntinue. Section 17(	(a) of the l	Public U	Jtility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 1940		0.5		
(Print or Type	Responses)										
	Address of Reporting MICHAEL N	Person <sup>*</sup>	Symbol	er Name <b>an</b> R Pharma		C C	5. Relationship Issuer				
(Last)	(First) (				ransaction		(Check all applicable)				
INC., 1920	R PHARMA, )4 NORTH CREE Y, SUITE 100	K	(Month/ 06/11/2	Day/Year) 2009			X Director Officer (giv below)		% Owner her (specify		
	(Street)		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
BOTHELL	2, WA 98011		Filed(M	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by Form filed by Person	y One Reporting F More than One F			
(City)	(State)	(Zip)	Tal	ble I - Non-I	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8)	4. Securit mAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	<ul><li>(A)</li><li>or</li><li>(D) Price</li></ul>	Transaction(s) (Instr. 3 and 4)				
Damindar: Da	port on a separate line	a for each cl	ass of sec	purities here	ficially ow	ned directly.	or indirectly				
Kenninder, Ke	port on a separate mit			unities bene	Perso inform requir	ons who res nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)		
	Tab					posed of, or convertible	Beneficially Ownersecurities)	d			
1. Title of	2. <u>3. Trar</u>	saction Dat	e 3A D	eemed	4.	5. Numbe	er of 6. Date Exerc	cisable and	7. Title and Amo		

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	TransactionD	erivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock (right to buy)	\$ 0.39	06/11/2009		A		22,500		<u>(1)</u>	06/10/2019	Common Stock	22,500
Reporting Owners											
<b>Reporting Owner Name / Address</b>				ector 1		<b>Relationshi</b> j 6 Owner	ps Offic	er Other			
C/O SCOI 19204 NO	H MICHAEL LR PHARMA ORTH CREEF L, WA 98011	A, INC. K PARKWAY, S	SUITE 100	X							
Signa	tures										
Michael N. Taglich by Alan M. Mitchel, Attorney-in-Fact			el,		06	/15/2009					
	<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).

(1) The option shall vest in twelve equal monthly installments beginning June 11, 2009.

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.