Edgar Filing: MARINUS PHARMACEUTICALS INC - Form 4

Form 4	PHARMACEUT	TCALS IN	IC								
FORM Check to if no lo subject Section Form 4 Form 5 obligati may co <i>See</i> Ins 1(b).	anuary 19, 2017 FORM 4 Check this box if no longer subject to Section 16. Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN 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						N OMB Number: Expires: Estimated burden hou response	Number: 3235-0287 Number: January 31 Expires: 2005 Estimated average burden hours per response 0.5			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Fischer Seth H. Z.			2. Issuer Name and Ticker or Trading Symbol MARINUS PHARMACEUTICALS INC [MRNS]			5. Relationship of Reporting Person(s) to IssuerS (Check all applicable)					
		0 N		of Earliest T Day/Year) 2017	ransaction		X Director Officer (giv below)		% Owner her (specify		
RADNOR	(Street)				4. If Amendment, Date Original Filed(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 			
(City)	(State)	(Zip)	Tal	la I Nam I	Daul-141-14	C	Person	of on Donoficio	ller Orene ed		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi nAcquired Disposed (Instr. 3,	ties (A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Reminder: Ro	eport on a separate lin	e for each cla	ass of sec	urities bene	Perso inforr requi	ons who res nation cont red to resp	or indirectly. spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

number.

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 1.21	01/17/2017		А	10,500	<u>(1)</u>	01/17/2027	Common Stock	10,500
Restricted stock	<u>(2)</u>	01/17/2017		А	4,500	(3)	<u>(4)</u>	Common Stock	4,500

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Fischer Seth H. Z. C/O MARINUS PHARMACEUTICALS 170 N RADNOR CHESTER RD SUITE 250 RADNOR, PA 19087	Х					
Signatures						
/s/ Edward F. Smith, as Attorney-in-Fact	01/19/201	7				
**Signature of Reporting Person	Date					
Explanation of Response	6.					

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) Options to purchase shares of common stock vest in 12 equal monthly installments commencing 1/31/17.
- (2) Each share of restricted stock represents the right to receive, at settlement, one share of common stock.
- (3) All shares of restricted stock vest on 1/17/18.
- (4) Not applicable.

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.