Edgar Filing: DERMA SCIENCES, INC. - Form 4

	CIENCES, INC.										
Form 4 May 24, 201	3										
•								OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check th if no lon subject to Section 1 Form 4 c	ger o STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
1. Name and A QUILTY E	Person [*]	2. Issuer Name and Ticker or Trading Symbol DERMA SCIENCES, INC. [DSCI]				5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (Middle)		of Earliest T			(Che	eck all applicabl	le)		
DERMA SO CARNEGII	(Month/Day/Year) 05/22/2013			_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President & CEO							
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					1	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
PRINCETO	DN, NJ 08540						Person	wore than one K	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Rer	oort on a separate line	e for each cl	ass of sec	urities bene	ficially own	ned directly a	or indirectly				
					Perso inform requir	ns who res nation cont ed to resp ys a curre	spond to the colle ained in this form ond unless the for 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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	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 (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code V	7 (A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Share	
Stock Option (right to buy)	\$ 11.97	05/22/2013 <u>(1)</u>		А	24,000	05/22/2013 <u>(2)</u>	02/13/2023	Common Stock	24,000	
Reporting Owners										

Reporting Owner Name / Address		Relationships						
Troporting o with	reporting o when reamer readers			Officer	Other			
QUILTY EDWARD J DERMA SCIENCES, INC. 214 CARNEGIE CENTER, SUITE 300 PRINCETON, NJ 08540		Х		President & CEO				
Signatures								
/s/ Edward J. Quilty	05/24/2013							
**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 option grant was approved by the compensation committee of the issuer's board of directors on February 13, 2013, subject to
 (1) stockholder approval of an amendment to the issuer's equity incentive plan to increase the shares available for issuance thereunder. The issuer's stockholders approved the amendment on May 22, 2013.
- The options, granted pursuant to the issuer's equity incentive plan, vested as to 25% on the grant date, subject to stockholder approval of (2) the amendment to the issuer's equity incentive plan which was obtained on May 22, 2013, and will vest as to an additional 25% on February 13 of 2014, 2015 and 2016.
- 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.