

Hadar Ilan
Form 4
January 03, 2019

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

Check this box
if no longer
subject to
Section 16.
Form 4 or
Form 5
obligations
may continue.
See Instruction
1(b).

**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

OMB APPROVAL

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(Print or Type Responses)

1. Name and Address of Reporting Person *
Hadar Ilan

2. Issuer Name **and** Ticker or Trading
Symbol
Foamix Pharmaceuticals Ltd.
[FOMX]

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

(Last) (First) (Middle)
C/O FOAMIX
PHARMACEUTICALS LTD., 2
HOLZMAN STREET

3. Date of Earliest Transaction
(Month/Day/Year)
01/01/2019

____ Director ____ 10% Owner
____X____ Officer (give title below) ____ Other (specify below)
CFO & Country Manager

(Street)
REHOVOT, L3 7670402

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
Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Beneficial Ownership (Instr. 4)
Ordinary Shares	01/01/2019		A	40,712 (1)	A \$ 0 133,091	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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information contained in this form are not
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SEC 1474
(9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)**

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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. Transaction Code (Instr. 8)	5. Number of Derivative 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)	8. D S (I
				Code	V	(A)	(D)	Amount or Number of Shares
Option (right to buy)	\$ 3.81	01/01/2019		A		94,996	(2) 01/01/2029 Ordinary Shares	94,996

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Hadar Ilan C/O FOAMIX PHARMACEUTICALS LTD. 2 HOLZMAN STREET REHOVOT, L3 7670402			CFO & Country Manager	

Signatures

/s/ Mutya Harsch as attorney-in-fact for Ilan
Hadar 01/03/2019

__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) These shares are represented by restricted share units. Each restricted share unit represents a contingent right to receive one ordinary share of the Issuer. The ordinary shares underlying this restricted share unit award vest over a period of four years from the end of the calendar quarter in which the grant was made (25% on March 31, 2020, and 6.25% every three months thereafter on the last day of the quarter) ending March 31, 2023, subject to the reporting person's continuous service with the Issuer as of each such vesting date
- (2) The ordinary shares underlying these options vest over a period of four years from the end of the calendar quarter in which the grant was made (25% on March 31, 2020, and 6.25% every three months thereafter on the last day of the quarter) ending March 31, 2023, subject to the reporting person's continuous service with the Issuer as of each such vesting date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.
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