FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

(1- 1		00540	
/ashinaton.	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

2. Issuer Name and Ticker or Trading Symbol

OMB APPRO\	/AL
OMB Number:	3235-0287
Estimated average burden	

0.5

hours per response

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

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

1. Name and Address of Reporting Person

BAUM MARK L

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

<u>Imprimis Pharmaceuticals, Inc.</u> [IMMY]

(Last) (First) (Middle) C/O IMPRIMIS PHARMACEUTICALS, INC 12264 EL CAMINO REAL, SUITE 350					3. Date of Earliest Transaction (Month/Day/Year) 12/19/2016						X	Officer (give title Other (specify below) Chief Executive Officer					
(Street)	EGO C	Ä	92130		4. If Amendment, Date of Original Filed (Month/Day/Year)						ndividual or Joint/Group Filing (Check Applicable Line X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)														
		7	Гable I - Non-I	Deriva	tive S	Securiti	ies Acq	uired,	Dis	posed of,	or Bene	eficially (Owned				
1. Title of Security (Instr. 3)		D	Transac ate Ionth/Da	saction 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 a			and 5) Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock			12/19/2	9/2016		P ⁽¹⁾		156,000) A	\$1.79	325,8	325,835		D			
Common Stock ⁽²⁾			12/19/2016				М		200,000	00,000 A		525,835		D			
Common Stock ⁽²⁾				12/19/2	9/2016		D		83,709	D	\$1.72	442,126			D		
			Table II - De							osed of, o			wned				
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. Transa Code (8)		5. Number Derivative Securities Acquired Disposed (Instr. 3,	re es d (A) or d of (D)	6. Date Exercisable Expiration Date (Month/Day/Year)				ies g Security	Derivative Security		er of re es ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		Reported Transact (Instr. 4)	tion(s)		
Purchase Warrant	\$1.79	12/19/2016		p (1)		156,000		06/23/2016 12/23/2019		Common Stock	156,000	\$0.125 ⁽³⁾ 156,		000	D		
Restricted																	

Explanation of Responses:

Unit⁽²⁾

1. On December 19, 2016, the Beadore Trust dated March 20, 2015, through which Mr. Baum has voting and investment control over the securities, entered into a definitive agreement to acquire 156,000 Units of Imprimis Pharmaceuticals, Inc.'s (the "Company"), with each Unit consisting of one share of common stock, and a warrant to purchase one share of the Company's common stock, as part of a private placement by the

200,000

- 2. On December 19, 2016, restricted stock units granted to Mr. Baum on May 2, 2013, and previously vested, were issued and then transferred into the Beadore Trust dated March 20, 2015. 83,709 shares of common stock were withheld from issuance to Mr. Baum for payroll tax purposes.
- 3. The value of the Purchase Warrant included in each Unit is \$0.125.

12/19/2016

Common Stock

(2)

12/21/2016

** Signature of Reporting Person Date

200,000

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

- * 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).

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

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 Number.