Edgar Filing: Faleck Herbert J - Form 4/A

Faleck Herber Form 4/A										
FORM	4 UNITE	D STATES		ITIES AI hington,]			COMMISSION		PPROVAL 3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	er STAT 5. Filed p s Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, e. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section							January 31Expires:2005Estimated averageburden hours perresponse0.5	
(Print or Type R	esponses)									
Faleck Herbert J S			2. Issuer Name and Ticker or Trading Symbol Edge Therapeutics, Inc. [EDGE]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 300 CONNELL DRIVE, SUITE 4000			3. Date of Earliest Transaction (Month/Day/Year) 10/08/2015			Director 10% Owner X Officer (give title Other (specify below) Chief Medical Officer				
Fi			4. If Amendment, Date Original Filed(Month/Day/Year) 10/08/2015			 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)	Table	- I - Non-De	erivative S	ecurities Ac	Person quired, Disposed o			
1.Title of Security (Instr. 3)	2. Transaction l (Month/Day/Ye	ear) Executio any	med	3. Transactio Code (Instr. 8)	4. Securit	ies (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-	
Common Stock				Code V	Amount	or (D) Price	(Instr. 3 and 4)	I	401(K) Plan	

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

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 control number.

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

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

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. 6. Date Exercisable orNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amour Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
		Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Faleck Herbert J 300 CONNELL DRIVE SUITE 4000 BERKELEY HEIGHTS, NJ 07922			Chief Medical Officer				
Signatures							
/s/ Herbert J. Faleck, Reporting Person	1	2/31/2018					
**Signature of Reporting Person		Date					
Explanation of Dechanges							

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) Reflects periodic contributions to the issuer's common stock fund in the issuer's 401(K) Plan as of December 28, 2018. This amendment is being filed to include these shares of the issuer's common stock that were omitted in the prior report.

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.