

CorMedix Inc.
Form 4
January 14, 2014

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
Pfaffle Antony

(Last) (First) (Middle)
C/O CORMEDIX INC., 745 ROUTE 202-206, SUITE 303
(Street)

BRIDGEWATER, NJ US 08807

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
CorMedix Inc. [CRMD]

3. Date of Earliest Transaction (Month/Day/Year)
01/10/2014

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)
Interim Chief Medical Officer

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person
 Form filed by More than One Reporting Person

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 Ownership (Instr. 4)
				(A) or (D)	Amount		
			Code	V	Amount	(D)	Price
Common Stock, \$0.001 par value per share					16,725	D	

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.

SEC 1474 (9-02)

Edgar Filing: CorMedix Inc. - Form 4

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)	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)
				Code	V (A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares
Stock Option (right to buy)	\$ 2.02	01/10/2014		A	100,000	<u>(1)</u> 01/09/2024	Common Stock, \$0.001 par value per share 100,000
Stock Option (right to buy)	\$ 2.02	01/10/2014		A	30,000	<u>(2)</u> 01/09/2024	Common Stock, \$0.001 par value per share 30,000
Stock Option (right to buy)	\$ 0.9					<u>(3)</u> 03/22/2023	Common Stock, \$0.001 par value per share 210,000
Stock Option (right to buy)	\$ 0.68					<u>(4)</u> 12/05/2022	Common Stock, \$0.001 par value per share 250,000
Stock Option (right to buy)	\$ 0.29					<u>(2)</u> 01/06/2022	Common Stock, \$0.001 par value per share 30,000
Stock Option (right to buy)	\$ 2.1					<u>(5)</u> 01/14/2021	Common Stock, \$0.001 par value per share 30,000
Stock Option (right to buy)	\$ 3.125					<u>(6)</u> 03/30/2020	Common Stock, \$0.001 par value per share 20,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Pfaffle Antony C/O CORMEDIX INC. 745 ROUTE 202-206, SUITE 303 BRIDGEWATER, NJ US 08807	X		Interim Chief Medical Officer	

Signatures

Alexander M. Donaldson with Power of Attorney for Antony E. Pfaffle, M.D.	01/14/2014
**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) The options vested 100% on January 10, 2014.
- (2) The options vest in full on the first anniversary of the date of grant.
- (3) These options vest based on performance milestones running through December 31, 2014.
- (4) These options vest as follows: (a) fifty percent (50%) on the date of issuance of the CE Mark certification, which occurred on July 5, 2013, and (b) fifty percent (50%) on December 31, 2013.
- (5) These options vested on January 14, 2012.
- (6) These options vest as follows: 1/3 on March 30, 2010, an additional 1/3 on March 30, 2011, and the remaining 1/3 on March 30, 2012.

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.