## Edgar Filing: Howard Alvin D - Form 4

Howard Alvin Form 4	n D										
October 02, 2	2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									т	OMB APPROVAL	
Washington, D.C. 20549									OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or										Expires:January 31 200Estimated averageburden hours per response0.	
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 1	7(a) of the		ility Hold	ling Con	ipany	Act o	ge Act of 1934, f 1935 or Sectio 40	'n		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Howard Alvin D			2. Issuer Name <b>and</b> Ticker or Trading Symbol				ıg	5. Relationship of Reporting Person(s) to Issuer			
	Foamix Pharmaceuticals Ltd. [FOMX]					(Check all applicable)					
(Last) C/O FOAMI PHARMACI HOLTZMAI	EUTICALS L	(Middle)	3. Date of (Month/D 10/01/20	-	ansaction			Director X Officer (give below) V		9 Owner er (specify	
HOLIZIVIA	(Street)		4 If Ame	ndment, Dat	te Original			6 Individual or Id	oint/Group Filiu	19(Check	
				Ionth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
	L5 /0/0402							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Aco	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any		3. Transactic Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Ordinary Shares	10/01/2018			S	234 (1)	D	\$ 5.81	41,789	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.

 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Howard Alvin D C/O FOAMIX PHARMACEUTICALS LTD. 2 HOLTZMAN STREET REHOVOT, L3 7670402			VP Regulatory			
Signatures						
/s/ Ilan Hadar as attorney-in-fact for Alvin Howard		10/02/2018				
<u>**</u> 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).

Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting and settlement of restricted share units. This sale is mandated by the Issuer's non-discretionary policy that requires the satisfaction (1) of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.

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.