Edgar Filing: STAFFORD C RICHARD - Form 4

STAFFORD	C RICHARD)									
Form 4											
June 04, 2012											
FORM	4		C CECUD						r	PPROVAL	
	UNIT	ED STATE			ND EX(, D.C. 20		NGE	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF CHAN				CHANGES IN BENEFICIAL OW					Expires:	January 31,	
								NERSHIP OF	Estimated a	2005 nated average	
	Section 16. SI				BECURITIES				burden hours per		
Form 4 or Form 5		en e	Section 14	f(a) of the	o Coouriti	as Er	rahan	hat of 1024	response	0.5	
obligation	· ~ ^ ^	•						ge Act of 1934, f 1935 or Sectio	n		
may conti	nue.) of the In	•	•	- ·			11		
See Instru 1(b).	ction	50(1) of the m	vestment	Compan	y 110t	0117	10			
1(0).											
(Print or Type R	lesponses)										
					-	of Reporting Person(s) to					
				/mbol				Issuer			
				DERMA SCIENCES, INC. [DSCI]				(Check all applicable)			
(Last) (First) (Middle) 3. Date of				Date of Earliest Transaction							
				Month/Day/Year)				X_ Director Officer (give	title 10% Owner		
	CENTER, S		05/31/20	012				below)	below)	ci (specify	
CARNEOIE		011E 300									
				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(led(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
PRINCETO	N, NJ 08450							Form filed by N Person			
(City)	(State)	(Zip)				· ·					
							ties Ac	quired, Disposed of		-	
1.Title of	2. Transaction		emed ion Date, if	3. Transact	4. Securi				6. Ownership Form: Direct	7. Nature of Indirect	
Security (Instr. 3)	(Month/Day/Year) E a		ion Date, n	TransactionAcquired (A) or Code Disposed of (D)				Beneficially	(D) or	Beneficial	
× ,			/Day/Year)	(Instr. 8)				Owned I	ndirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	05/01/0010				3,000		\$ 0	27 70 6	D		
Stock	05/31/2012			А	<u>(1)</u>	А	(2)	27,786	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)

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. Transactio Code (Instr. 8)	5. Number prof 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 I S (,
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 8.98	05/31/2012		А	6,000	05/31/2013	05/31/2022	Common Stock	6,000	

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
STAFFORD C RICHAR DERMA SCIENCES, IN 214 CARNEGIE CENTE PRINCETON, NJ 08450	С.	Х					
Signatures							
/s/ C. Richard							
Stafford	06/04/2012						
**Signature of	Date						

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).
- The shares of common stock reported herein represent restricted stock units issued under the issuer's equity incentive plan in (1)consideration of the reporting person's services to the issuer and will vest on May 31, 2013.
- Upon vesting, the reporting person will receive the number of shares of the issuer's common stock equal to the number of restricted stock (2) units previously granted, without the payment of further consideration.
- The options were granted in consideration of the reporting person's services to the issuer and without payment of consideration under the (3) issuer's equity incentive plan.

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.

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