Edgar Filing: DUSA PHARMACEUTICALS INC - Form 4

DUSA PHARMACEUTICALS INC Form 4 March 29, 2006				
FORM 4 UNITED STATES			OMB AF	PROVAL
UNITED STATES	SECURITIES AND EXCHANGE Washington, D.C. 20549	COMMISSION	OMB Number:	3235-0287
Subject to Section 16. Form 4 or Form 5 obligations may continue Section 17(a) of the	F CHANGES IN BENEFICIAL OV SECURITIES Section 16(a) of the Securities Exchar Public Utility Holding Company Act of the Investment Company Act of 19	nge Act of 1934, of 1935 or Section	Expires: Estimated a burden hour response	
(Print or Type Responses)				
1. Name and Address of Reporting Person <u>*</u> SHULMAN D GEOFFREY	2. Issuer Name and Ticker or Trading Symbol DUSA PHARMACEUTICALS INC [DUSA]	5. Relationship of I Issuer (Check	Reporting Pers	
(Last) (First) (Middle) C/O DUSA PHARMACEUTICALS, INC., 555 RICHMOND STREET WEST, SUITE 300	3. Date of Earliest Transaction (Month/Day/Year) 03/27/2006	X Director X Officer (give below) Chairman o		Owner er (specify CEO
(Street)	Filed(Month/Day/Year) Applicable Line)		vint/Group Filing(Check Dne Reporting Person	
TORONTO, A6 M5V3B2		Form filed by M Person	ore than One Re	porting
(City) (State) (Zip)	Table I - Non-Derivative Securities A	cquired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D	Date, if TransactionAcquired (A) or Code Disposed of (D)	SecuritiesForBeneficially(EOwned(E)	orm: Direct)) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Report on a separate line for each c		r 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 of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and 4	ecuritie
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Option to Purchase Common Stock	\$ 6.75	03/27/2006		А	55,000	03/27/2007(1)	03/26/2016	Common Stock	55,00

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Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
SHULMAN D GEOFFREY C/O DUSA PHARMACEUTICALS, INC. 555 RICHMOND STREET WEST, SUITE 300 TORONTO, A6 M5V3B2	Х		Chairman of the Board & CEO		

Signatures

/s/ D. Geoffrey Shulman Signature of Reporting 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) Option vests at the rate of one-quarter of the total granted on each of the first, second, third and fourth anniversaries of the date of grant.

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.