

CorMedix Inc.
Form 3
March 02, 2017

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â ARMSTRONG JR. JOHN L.		(Month/Day/Year)	CorMedix Inc. [CRMD]	
(Last)	(First)	(Middle)	03/01/2017	
C/O CORMEDIX INC.,Â 1430			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
U.S. HIGHWAY 206, SUITE				
200			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
BEDMINSTER,Â NJÂ 07921			<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
(City)	(State)	(Zip)	(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Exec VP of Tech Operations	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
No securities beneficially owned	0	D	Â

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy Common Stock)	Â (1)	11/14/2024	Common Stock	10,000	\$ 0	D	Â
Stock Option (Right to Buy Common Stock)	Â (2)	07/28/2025	Common Stock	15,000	\$ 0	D	Â
Stock Option (Right to Buy Common Stock)	Â (3)	03/08/2026	Common Stock	200,000	\$ 0	D	Â
Restricted Stock Units	Â (4)	02/28/2027	Common Stock	36,057	\$ 0	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ARMSTRONG JR. JOHN L. C/O CORMEDIX INC. 1430 U.S. HIGHWAY 206, SUITE 200 BEDMINSTER, NJ 07921	Â	Â	Â Exec VP of Tech Operations	Â

Signatures

/s/ Alexander M. Donaldson, by power of attorney

03/02/2017

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) These options vested upon the achievement of certain milestones, subject to continued employment.
- (2) One third of these options vested upon the achievement of a certain milestone and one third vested on each of December 31, 2015 and July 28, 2016.
- (3) 15,000 of these options vest monthly over four years, beginning on March 9, 2016, 20,000 vest upon the achievement of a certain milestone, subject to continued employment, and the rest vested upon the achievement of certain milestones.
- (4) Each restricted stock unit represents the right to receive one share of CorMedix Inc. common stock. The restricted stock units vest 50% on December 31, 2017 and 50% on December 31, 2018, subject to continued employment.

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.