Edgar Filing: Alliqua, Inc. - Form 4

Alliqua, Inc. Form 4										
May 13, 201						OMB A	PPROVAL			
FORM	UNITED STAT	ES SECURITIES A Washington		NGE (COMMISSION		3235-0287			
Check th if no long	ner					Expires:	January 31, 2005			
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP						Estimated average burden hours per				
Form 4 c	Form 4 or						rs per 0.5			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 1(b). See Instruction 1(b). Section 1(b). Section 1(b). Secti										
(Print or Type]	Responses)									
1. Name and A POSNER B	Address of Reporting Person RIAN M	Symbol	uer Name and Ticker or Trading l ua, Inc. [ALQA]			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	3. Date of Earliest T			(Check all applicable)					
C/O ALLIQ	QUA, INC., 2150 CABC ST, SUITE B	(Month/Day/Year)	Tansaction		Director X Officer (give below) Chief I		o Owner er (specify er			
	(Street)		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person										
(City)	(State) (Zip)	Table I - Non-	Derivative Secur	ities Acq	juired, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	any	ttion Date, if Transact Code th/Day/Year) (Instr. 8)	ion(A) or Dispose (D)	ed of . 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)				
Common Stock	05/13/2014	Р	3,000 A	\$ 6.92	5,640	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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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			
POSNER BRIAN M C/O ALLIQUA, INC. 2150 CABOT BLVD. WEST, SUITE B LANGHORNE, PA 19047				Chief Financial Officer				
Signatures								
/s/ Brian Posner	05/13/2014							
<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).

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.