Edgar Filing: Harsch Mutya - Form 4

Harsch Mutva

Harsch Muty Form 4	a									
April 03, 201	9									
FORM	4 LINUTED STAT	ES SECURITIES A		NCE	COMMISSION	r	PPROVAL			
	UNITED STAT		, D.C. 20549	ANGE	COMMISSION	OMB Number:	3235-0287			
Check thi if no long subject to Section 10	6. STATEMENT	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					January 31, 2005 average irs per			
Form 4 or Form 5 obligations may continue.response0.4See Instruction 1(b).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 19400.4										
(Print or Type R	Responses)									
1. Name and A Harsch Muty	ddress of Reporting Person <u>*</u> ya	2. Issuer Name an Symbol		ing	5. Relationship of Reporting Person(s) to Issuer					
		Foamix Pharmac [FOMX]	ceuticals Ltd.		(Check all applicable)					
(Last)				of Earliest Transaction /Day/Year)			Director 10% Owner X Officer (give title Other (specify below) below)			
C/O FOAMI PHARMAC HOLTZMA	EUTICALS LTD., 2	04/01/2019			/	d General Cour	nsel			
	(Street)	4. If Amendment, D	mendment, Date Original			6. Individual or Joint/Group Filing(Check				
REHOVOT,	, L3 7670402	Filed(Month/Day/Yea	r)		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (Zip)	Table I - Non-J	Derivative Secu	rities Ac	quired, Disposed of	f, or Beneficial	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date 2A. D (Month/Day/Year) Execu any (Mont	eemed 3. tion Date, if Transact Code h/Day/Year) (Instr. 8)	4. Securities A ion(A) or Dispos (D)	Acquired ed of d 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)	7. Nature of			
Ordinary Shares (1)	04/01/2019	S	2,519 (2) D	\$ 3.75	52,608	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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	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				
Harsch Mutya C/O FOAMIX PHARMACEUTICALS LTD. 2 HOLTZMAN STREET REHOVOT, L3 7670402				CLO and General Counsel				
Signatures								
/s/ Mutya Harsch	04/03/2019							
<u>**</u> Signature of	Date							

**Signature of Reporting Person

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).

For administrative reasons, the Reporting Person's then-existing long term incentives were amended in December 2018 to provide that, (1) effective as of January 1, 2019, the vesting of any unvested restricted share units or options that were granted pursuant to such awards shall take place at the end of the calendar quarter in which the award was otherwise scheduled to vest.

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

(2) 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.