Biotest AG Form 4 November 13, 2017

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Washington, D.C. 20549 Number:

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per response... 0.5

Expires:

OMB APPROVAL

3235-0287

January 31,

Form 5 obligations may continue. See Instruction

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

1(b).

Common

Stock

11/09/2017

(Print or Type Responses)

1. Name and Address of Reporting Person * Biotest AG				2. Issuer Name and Ticker or Trading Symbol ADMA BIOLOGICS, INC. [ADMA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(Last)	(First)	(Middle)	3. Date of Earliest Transaction						(enec	on an appnear			
LANDSTEINERSTR. 5 (Street) DREIEICH, 2M 63303				(Month/Day/Year) 11/09/2017						X DirectorX 10% Owner Officer (give title below) Other (specify below)				
				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Tab	ole I - No	n-I	Derivative Sec	curitio	es Acqu	ired, Disposed of	f, or Benefici	ially Owned		
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	ate, if	3. Transact Code (Instr. 8)	tio n (4. Securities Aor Disposed of Instr. 3, 4 and Amount	(D)	ed (A)	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 Indirect Beneficial Ownership (Instr. 4)		
	Common					4	5 813 054		¢			By Biotest		

5,813,954

(1)

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

P

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2.15

10,109,534 I

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Pharmaceuticals

Corporation (2)

(9-02)

Edgar Filing: Biotest AG - Form 4

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exerc Expiration D		7. Title at Amount of		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(monda, Day, Teal)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/		Underlyin Securities (Instr. 3 a	ng s	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	or Title Nu of	nount umber uares		

Relationships

Reporting Owners

Reporting Owner Name / Address							
. 0	Director	10% Owner	Officer	Other			
Biotest AG LANDSTEINERSTR. 5 DREIEICH, 2M 63303	X	X					
Biotest Pharmaceuticals Corp 5800 PARK OF COMMERCE BLVD., NW BOCA RATON, FL 33487	X	X					
Signatures							
/s/ Ulrike Burkhard, General Counsel		11/13/2017					
**Signature of Reporting Person		Date					
/s/ Donna Quinn, Vice President and General Counsel	11/13/2017						
**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).
- (1) Represents a purchase from the underwriters in the issuer's public offering.
- (2) The shares are owned directly by Biotest Pharmaceuticals Corporation, a ten percent owner of the issuer and a wholly owned subsidiary of Biotest AG, and indirectly by Biotest AG. Biotest AG is a director and a ten percent owner of the issuer.

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.

Reporting Owners 2