

CorMedix Inc.
Form 3/A
October 31, 2014

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 TELLEZ CORA M		(Month/Day/Year)	CorMedix Inc. [CRMD]	
(Last)	(First)	(Middle)	01/22/2013	
C/O CORMEDIX INC.,Â 745		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
ROUTE 202-206, SUITE 303		(Check all applicable)		04/07/2014
(Street)		<input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner		6. Individual or Joint/Group Filing(Check Applicable Line)
BRIDGEWATER,Â NJÂ US		<input type="checkbox"/> Officer <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Form filed by One Reporting Person
08807		(give title below) (specify below)		<input type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

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)
Common Stock, \$0.001 par value per share	200 ⁽¹⁾	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) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
Series C-3 Non-Voting Convertible Preferred Stock ⁽¹⁾ ⁽²⁾	Â ⁽²⁾	Â ⁽²⁾	Common Stock, \$0.001 par value per share 50,000 \$ 1	D Â
Common Stock Warrants (right to buy) ⁽¹⁾ ⁽²⁾	01/08/2014	01/08/2020	Common Stock, \$0.001 par value per share 25,000 \$ 1.25	D Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
TELLEZ CORA M C/O CORMEDIX INC. 745 ROUTE 202-206, SUITE 303 BRIDGEWATER, NJ US 08807	Â X	Â	Â	Â

Signatures

/s/Alexander M. Donaldson 10/31/2014

⁽¹⁾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) This Form 3 amendment is being filed to correct the original Form 3 filed on April 7, 2014. The Common Stock, Series C-3 Non-Voting Convertible Preferred Stock and warrants were inadvertently omitted.
- (2) On January 8, 2014, the reporting person acquired through a private placement (i) 5,000 shares of the Company's Series C-3 Non-Voting Convertible Preferred Stock, each share is convertible into 10 shares of Common Stock, \$0.001 par value per share; and (ii) a five-year warrant to purchase Common Stock at an exercise price of \$1.25 per share. The Series C-3 Non-Voting Convertible Preferred Stock and warrants were purchased together at a purchase price of \$10.00 per share.

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.