MusclePharm Corp Form 4 February 23, 2016

# FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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 \* Drexler Ryan Charles

(First) (Middle) (Last)

(Street)

(State)

525 CHALETTE DRIVE

BEVERLY HILLS, CA 90201

2. Issuer Name and Ticker or Trading Symbol

MusclePharm Corp [MSLP]

3. Date of Earliest Transaction

(Month/Day/Year) 02/22/2016

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Issuer

below)

(Check all applicable)

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify

below) **Executive Chairman** 

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) (Instr. 3)

(City)

(Zip)

Execution Date, if (Month/Day/Year)

Code

3. 4. Securities TransactionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

Code V Amount (D) Price

(A)

5. Amount of Securities Beneficially Owned Following Reported

Transaction(s) (Instr. 3 and 4)

6. Ownership Form: Direct (T) (Instr. 4)

7. Nature of Indirect (D) or Indirect Beneficial Ownership

(Instr. 4)

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.

SEC 1474 (9-02)

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

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount Underlying Securities (Instr. 3 and 4)

#### Edgar Filing: MusclePharm Corp - Form 4

(Month/Day/Year)

Derivative
Security

Disposed of (D)
(Instr. 3, 4, and
5)

Code V (A) (D) Date Exercisable Expiration Title Amou
Date Numb
Shares

Options

Disposed of (D)
(Instr. 3, 4, and
5)

Code V (A) (D) Date Exercisable Expiration Title Amou
Date Numb
Shares

A

(Instr. 8) Acquired (A) or

137,362

05/22/2016(1) 02/22/2026

137,

Stock

### **Reporting Owners**

\$ 1.89

Price of

Reporting Owner Name / Address

Director 10% Owner Officer Other

Drexler Ryan Charles
525 CHALETTE DRIVE X Executive Chairman
BEVERLY HILLS, CA 90201

# **Signatures**

Person

(Instr. 3)

/s/ Ryan Charles
Drexler

\*\*Signature of Reporting

Date

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

02/22/2016

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The options were granted under the issuer's 2015 Equity Incentive Compensation Plan pursuant to the terms of the Reporting Person's employment agreement dated February 11, 2016. The options vest on a quarterly basis in eight equal installments, with the first installment vesting on May 22, 2016.

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.

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