## Edgar Filing: McGahan Keith M - Form 4

McGahan K Form 4	Keith M										
April 03, 20	)19										
FORM	Λ4					~~~			OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Eiled pursuant to 9				SECU	RITIES		Expires: January 31 2005 Estimated average burden hours per response 0.5				
obligation may cor <i>See</i> Inst 1(b).	ons Section 17	(a) of the l	Public U		ding Co	mpan	y Act of	e Act of 1934, 1935 or Section 0	I		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> McGahan Keith M			2. Issuer Name <b>and</b> Ticker or Trading Symbol SPECTRUM PHARMACEUTICALS INC [SPPI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (	Middle)					[SFFI]	<b>D</b>	100	0	
(Last) 11500 S. E 240	3. Date of Earliest Transaction (Month/Day/Year) 04/02/2019					Director 10% Owner _X Officer (give title Other (specify below) below) SVP and Chief Legal Officer					
			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
HENDERS	SON, NV 89052							Person	ore man One Ke	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	e Secu	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	arity (Month/Day/Year) Execution Date, if		Date, if	3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
~				Code V	Amount		Price	(Instr. 3 and 4)			
Common Stock, \$0.001	04/02/2019			S <u>(1)</u>	1,810	D	\$ 10.5668	141,767	D		
Common Stock, \$0.001								1,908	I	By 401(k) Plan	

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

### Edgar Filing: McGahan Keith M - Form 4

#### number.

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transacti (Month/Day		3A. Deemed Execution Date, any (Month/Day/Ye	Code	5. tionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amor Unde Secur	tele and unt of vrlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
					Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners	5									
Reporting	Owner Name	/ Address			Relation	ships						
Reporting	, O wher Walle / A	, 11uur cos	Director	10% Owner	Officer			Other				
SUITE 24	EASTERN				SVP and	Chief Leg	gal Officer					
Signa	tures											
/s/ Kurt /	A. Gustafsor	attornev.	-in-fact	for Keith M.								

/s/ Kurt A. Gustafson, attorney-in-fact for Keith M. McGahan	04/03/2019		
**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) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person for the purpose of satisfying tax withholding obligations in connection with restricted stock awards granted by 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.