VioQuest Pharmaceuticals, Inc.

Form 3 June 04, 2013

# 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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement VioOuest Pharmaceuticals, Inc. [VOOP] DACKO MARK D (Month/Day/Year) 03/12/2013 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 900 IDS CENTER, Â 80 SOUTH (Check all applicable) 8TH STREET (Street) 6. Individual or Joint/Group 10% Owner \_X\_ Director \_X\_ Officer Other Filing(Check Applicable Line) (give title below) (specify below) \_X\_ Form filed by One Reporting CFO and Secretary Person MINNEAPOLIS, MNÂ 55402 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 5) (Instr. 4) Form: Direct (D) or Indirect (I) (Instr. 5) Â 0 Common Stock D Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4.          | 5.         | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4)                      | Expiration Date         | Securities Underlying  | Conversion  | Ownership  | Beneficial Ownership  |
|                                 | (Month/Day/Year)        | Derivative Security    | or Exercise | Form of    | (Instr. 5)            |
|                                 |                         | (Instr. 4)             | Price of    | Derivative |                       |
|                                 |                         | Title                  | Derivative  | Security:  |                       |
|                                 |                         |                        | Security    | Direct (D) |                       |

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Date Expiration Amount or or Indirect Exercisable Date Number of (I) Shares (Instr. 5)

### **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |                      |       |  |
|--------------------------------|---------------|-----------|----------------------|-------|--|
| •                              | Director      | 10% Owner | Officer              | Other |  |
| DACKO MARK D                   |               |           |                      |       |  |
| 900 IDS CENTER                 | ÂΧ            | â         | CFO and<br>Secretary | â     |  |
| 80 SOUTH 8TH STREET            | АЛ            | А         | Secretary            | A     |  |
| MINNEAPOLIS Â MNÂ 55402        |               |           |                      |       |  |

#### **Signatures**

/s/ Mark D.
Dacko

\*\*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).

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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