

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940


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

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Derivative <br> Security <br> (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) |  | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |  | 6. Date Exercisable and Expiration Date (Month/Day/Year) |  | 7. Title and Amount of Underlying Securities <br> (Instr. 3 and 4) |  | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. <br> Ownership <br> Form of <br> Derivative <br> Security: <br> Direct (D) <br> or Indirect <br> (I) <br> (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Code | V | (A) | (D) | Date <br> Exercisable | Expiration <br> Date | Title | Amount or Number of Shares |  |  |  |  |

## Reporting Owners

| Reporting Owner Name / Address | Relationships |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Director | $10 \%$ Owner | Officer | Other |
| French Donna <br> C/O REPRO MED SYSTEMS, INC. <br> 24 CARPENTER ROAD <br> CHESTER, NY 10918 | X |  |  |  |

## Signatures

/s/ Karen Fisher, Attorney-in-Fact


## 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. $78 \mathrm{ff}(\mathrm{a})$


## Remarks:



[^0]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


[^0]:    Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

