FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | DVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject to |
|---|--|
| ٦ | Section 16. Form 4 or Form 5 obligations may continue. See |
| J | obligations may continue. See |
| | Instruction 1(b) |

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

| 1. Name and Address of Reporting Person* Kammer Robert J | | | | | | 2. Issuer Name and Ticker or Trading Symbol Imprimis Pharmaceuticals, Inc. [IMMY] | | | | | | | | | | | olicable) | ng Person | Person(s) to Issuer 10% Owner | | |
|--|---|--|--|----------|---|--|---------|---------|------------------------------------|-----|---|---|-----------------|---|---|---|---|---|---------------------------------------|---|--|
| (Last) (First) (Middle) C/O IMPRIMIS PHARMACEUTICALS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2018 | | | | | | | | | | Office | er (give title w) | | Other (specify below) | | |
| 12264 EL CAMINO REAL, SUITE 350 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) SAN DIEGO CA 92130 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Si | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | า-Deriva | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date | | n Date, | 3. Transa Code (8) | | Disposed | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 45) | | | 4 and Secui Bene | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (11150.4) | |
| Common Stock 11/01/2 | | | | | | l/2018 | | | | | 10,000 | 0 | D | \$4.2 | | 21 899,827 | | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date E Expiratio (Month/D | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivat Securit (Instr. 5 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirec (I) (Instr. | n: ct (D) direct | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | | | | | | | | |

Explanation of Responses:

1. This transaction was effected pursuant to a Rule 10b5-1 trading plan, as amended, adopted by the Reporting Person.

<u>/s/ Robert Kammer</u> <u>11/02/2018</u>

** Signature of Reporting Person Date

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

- * 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).

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

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 Number.