FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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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* Ladonnikov Alexej 2. Date of Event Requiring Statement (Month/Day/Year) 02/28/2012			nent	3. Issuer Name and Ticker or Trading Symbol Imprimis Pharmaceuticals, Inc. [IMMY]							
(Last) 13388 SURRE	(First) EY LANE	(Middle)			Relationship of Reporting Perso (Check all applicable) Director X Officers (rive title)	10% Owne	er	(Mon	th/Day/Year)	ate of Original Filed /Group Filing (Check	
(Street) SARATOGA (City)	CA (State)	95070 (Zip)			Officer (give title below)	Other (spe below)	city		cable Line) Form filed by	y One Reporting Person y More than One	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock	k				1,984,156	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Convo		Conve or Exe	ercise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price of Derivation Security	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Alexej Ladonnikov

03/27/2012

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).