

# IMPAX LABORATORIES INC

Reported by  
**NESTOR MICHAEL**

## FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/16/13 for the Period Ending 05/15/13

|             |  |
|-------------|--|
| Address     | 30831 HUNTWOOD AVENUE<br>HAYWARD, CA 94544 |
| Telephone   | 510-240-6000                               |
| CIK         | 0001003642                                 |
| Symbol      | IPXL                                       |
| SIC Code    | 2834 - Pharmaceutical Preparations         |
| Industry    | Biotechnology & Drugs                      |
| Sector      | Healthcare                                 |
| Fiscal Year | 12/31                                      |

# FORM 4

**UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION  
Washington, D.C. 20549**

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

|  |  |  |
|--|--|--|
| <b>1. Name and Address of Reporting Person *</b><br><br><b>NESTOR MICHAEL</b><br><br>(Last) (First) (Middle)<br><br><b>C/O IMPAX LABORATORIES,<br/>INC., 30831 HUNTWOOD<br/>AVENUE</b><br><br>(Street)<br><br><b>HAYWARD, CA 94544</b><br><br>(City) (State) (Zip) | <b>2. Issuer Name and Ticker or Trading Symbol</b><br><br><b>IMPAX LABORATORIES INC<br/>[ IPXL ]</b> | <b>5. Relationship of Reporting Person(s) to Issuer<br/>(Check all applicable)</b><br><br>___ Director ___ 10% Owner<br>___ X ___ Officer (give title below) ___ Other (specify below)<br><b>President, Impax Pharm.</b> |
| <b>3. Date of Earliest Transaction (MM/DD/YYYY)</b><br><br><p align="center"><b>5/15/2013</b></p>  |  | <b>6. Individual or Joint/Group Filing (Check Applicable Line)</b><br><br>___ X ___ Form filed by One Reporting Person<br>___ Form filed by More than One Reporting Person   |
| <b>4. If Amendment, Date Original Filed (MM/DD/YYYY)</b>   |  |  |

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Trans. Date | 2A. Deemed Execution Date, if any | 3. Trans. Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |            |       | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 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 |   |  |   |
| Common Stock                    | 5/15/2013      |                                   | A                         |   | 24800   | A          | \$0   | 89730   | D  |   |
| Common Stock                    |                |                                   |                           |   |   |            |       | 3645  | I  | By Spouse   |

**Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | 4. Trans. 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 |                 | 7. Title and Amount of Securities Underlying Derivative Security (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. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|----------------|-----------------------------------|---------------------------|---|--|-----|---|-----------------|---|----------------------------|--|---|--|--|
|  |  |                |                                   | Code                      | V | (A)  | (D) | Date Exercisable                        | Expiration Date | Title   | Amount or Number of Shares |  |   |  |  |
| Employee Stock Option (Right-To-Buy)     | \$17.99  | 5/15/2013      |                                   | A                         |   | 52000  |     | (1)                                     | 5/15/2023       | Common Stock  | 52000                      | \$0  | 52000   | D  |  |

**Explanation of Responses:**

(1) The option vests in four equal annual installments beginning on May 15, 2014, which is the first anniversary of the date of grant.

**Remarks:**

The filing of this Statement shall not be construed as an admission (a) that the person filing this Statement is, for the purposes of Section 16 of the Securities Exchange Act of 1934, as amended, the beneficial owner of any equity securities covered by this Statement, or (b) that this Statement is legally required to be filed by such person.

**Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |         |       |
|--------------------------------|---------------|-----------|---------|-------|
|                                | Director      | 10% Owner | Officer | Other |
|                                |               |           |         |       |

|  |  |  |                                |
|--|--|--|--------------------------------|
| <b>NESTOR MICHAEL</b><br><b>C/O IMPAX LABORATORIES, INC.</b><br><br><b>30831 HUNTWOOD AVENUE</b><br><b>HAYWARD, CA 94544</b> |  |  | <b>President, Impax Pharm.</b> |
|--|--|--|--------------------------------|

**Signatures**

/s/ Mark A. Schlossberg, by Power of Attorney

5/16/2013

\*\* 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.

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