

Boyd Steven  
Form 3  
February 09, 2018

**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 Person * |         |          | 2. Date of Event Requiring Statement |  | 3. Issuer Name <b>and</b> Ticker or Trading Symbol  |  |
| Â ARMISTICE CAPITAL, LLC                  |         |          | (Month/Day/Year)                     |  | ALIMERA SCIENCES INC [ALIM]   |  |
| (Last)                                    | (First) | (Middle) | 02/02/2018                           |  | 4. Relationship of Reporting Person(s) to Issuer  |  |
| 510 MADISON AVENUE,Â 22ND FLOOR           |         |          |                                      |  | 5. If Amendment, Date Original Filed(Month/Day/Year)  |  |
| (Street)                                  |         |          |                                      |  | (Check all applicable)  |  |
| NEW YORK,Â NYÂ 10022                      |         |          |                                      |  | <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer <input type="checkbox"/> Other<br>(give title below)    (specify below)                   |  |
| (City)                                    | (State) | (Zip)    |                                      |  | 6. Individual or Joint/Group Filing(Check Applicable Line)<br><input type="checkbox"/> Form filed by One Reporting Person<br><input checked="" type="checkbox"/> Form filed by More than One Reporting Person |  |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|--|---|--|
| Common Stock, \$.01 par value      | 6,916,000  | D <sup>(1)</sup>  | Â  |
| Common Stock, \$.01 par value      | 6,916,000  | I   | See Footnote <sup>(2)</sup>                              |
| Common Stock, \$.01 par value      | 6,916,000  | I   | See Footnote <sup>(2)</sup>                              |

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

SEC 1473 (7-02)

**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<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(Month/Day/Year) | 3. Title and Amount of Securities Underlying | 4. Conversion | 5. Ownership | 6. Nature of Indirect Beneficial Ownership |
|---|---|--|---------------|--------------|--|
|---|---|--|---------------|--------------|--|

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| Date Exercisable | Expiration Date | Title | Derivative Security (Instr. 4)<br>Amount or Number of Shares | or Exercise Price of Derivative Security | Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | (Instr. 5) |
|------------------|-----------------|-------|--|--|--|------------|
|------------------|-----------------|-------|--|--|--|------------|

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |         |       |
|---|---------------|-----------|---------|-------|
|   | Director      | 10% Owner | Officer | Other |
| ARMISTICE CAPITAL, LLC<br>510 MADISON AVENUE<br>22ND FLOOR<br>NEW YORK, NY 10022  | ^             | ^ X       | ^       | ^     |
| Armistice Capital Master Fund Ltd.<br>C/O DMS CORPORATE SERVICES LTD.<br>20 GENESIS CLOSE, P.O. BOX 314<br>GRAND CAYMAN, KY1-1104 | ^             | ^ X       | ^       | ^     |
| Boyd Steven<br>C/O ARMISTICE CAPITAL, LLC<br>510 MADISON AVENUE, 22ND FLOOR<br>NEW YORK, NY 10022                                 | ^             | ^ X       | ^       | ^     |

## Signatures

|  |            |
|--|------------|
| Armistice Capital, LLC, By: /s/ Steven Boyd, Managing Member       | 02/09/2018 |
| __Signature of Reporting Person                                    | Date       |
| Armistice Capital Master Fund, Ltd., By: /s/ Steven Boyd, Director | 02/09/2018 |
| __Signature of Reporting Person                                    | Date       |
| /s/ Steven Boyd  | 02/09/2018 |
| __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).

(1) The reported securities are directly owned by Armistice Capital Master Fund, Ltd.

The reported securities are directly owned by Armistice Capital Master Fund, Ltd., a Cayman Islands corporation, and may be deemed to be indirectly beneficially owned by Armistice Capital, LLC, as the investment manager of Armistice Capital Master Fund, Ltd. The reported securities may also be deemed to be indirectly beneficially owned by Steven Boyd as Managing Member of Armistice Capital,

(2) LLC and Director of Armistice Capital Master Fund, Ltd. Armistice Capital, LLC and Steven Boyd disclaim beneficial ownership of the reported securities except to the extent of their respective pecuniary interest therein, and this report shall not be deemed an admission that either of them are the beneficial owners of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

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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