

Adamas Pharmaceuticals Inc
 Form 3
 August 08, 2016

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 and Ticker or Trading Symbol	
Â GREAT POINT PARTNERS LLC		(Month/Day/Year)	Adamas Pharmaceuticals Inc [ADMS]	
(Last)	(First)	07/29/2016		
165 MASON STREET, 3RD FLOOR,Â		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)	(Check all applicable)			
GREENWICH,Â CTÂ 06830		___ Director	__X__ 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(give title below)	___ Other	___ Form filed by One Reporting Person
(Zip)			(specify below)	_X_ Form filed by More than One Reporting Person

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	2,601,351 ⁽¹⁾	I	Investment Manager ⁽²⁾

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 (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GREAT POINT PARTNERS LLC 165 MASON STREET, 3RD FLOOR GREENWICH, CT 06830	^	^ X	^	^
JAY JEFFREY R C/O GREAT POINT PARTNERS, LLC 165 MASON STREET, 3RD FLOOR GREENWICH, CT 06830	^	^ X	^	^
KROIN DAVID C/O GREAT POINT PARTNERS LLC 165 MASON STREET, 3RD FLOOR GREENWICH, CT 06830	^	^ X	^	^

Signatures

Great Point Partners, LLC /s/ Dr. Jeffrey R. Jay, M.D., Senior Managing Member	08/08/2016
__Signature of Reporting Person	Date
/s/ Dr. Jeffrey R. Jay, M.D.	08/08/2016
__Signature of Reporting Person	Date
/s/ David Kroin	08/08/2016
__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).

Consists of 717,743 shares owned by Biomedical Value Fund, L.P. ("BVF"), 1,034,470 shares owned by Biomedical Offshore Value Fund, Ltd. ("BOVF"), 802,033 shares owned by GEF-SMA, L.P. ("GEF-SMA"), and 47,105 shares owned by Class D Series of GEF-PS, LP ("GEF-PS").

Great Point Partners, LLC ("Great Point") is the investment manager of each of BVF, BOVF, GEF-SMA and GEF-PS, and by virtue of such status may be deemed to be the beneficial owner of the shares owned by each of them. Each of Dr. Jeffrey R. Jay, M.D. ("Dr. Jay"), as senior managing member of Great Point, and Mr. David Kroin ("Mr. Kroin"), as special managing member of Great Point, has voting and investment power with respect to such shares, and therefore may be deemed to be the beneficial owner of such shares. Great Point, Dr. Jay and Mr. Kroin disclaim beneficial ownership of such shares except to the extent of their respective pecuniary interests.

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