FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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reenonee	0.5					

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

(Print or Type Respons	ses)															
Name and Address of Reporting Person – Ma Fred				2. Issuer Name and Ticker or Trading Symbol REPRO MED SYSTEMS INC [REPR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Dive Owner					
24 CARPENTER I	ROAD (Firs	st)		3. Date of Earliest Transaction (Month/Day/Year) 03/29/2018					X Officer (give title below) Other (specify below) Chief Medical Officer							
	(Stre	et)	4	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Renortine Person							
CHESTER, NY 10	918										Point fied by whole than One Reporting Person					
(City)	(Sta	te)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
(Instr. 3) Date		2. Transaction Date (Month/Day/Y	Executi ear) any	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Following Reported Transaction(s) (Instr. 3 and 4)			6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership		
				(Month	/Day/ rear	Code	e	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock 03/29/2018		03/29/2018			A			11,538	A	\$ 1.3	140,557			D		
Reminder: Report on a	a separate line fo	or each class of secur	rities beneficially	owned direct	ly or indire	ectly.	ar	e no		d to respo		ellection of information			n SEC	1474 (9-02)
			Tabl	e II - Deriva (e.g., p						Beneficial	lly Own	ned				
		Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	(Instr. 8)	Der Acc Dis	Number of rivative Se quired (A) sposed of (str. 3, 4, ar	curitie or (D)	6. Date and Exp (Month		nd Expiration Date		e and Amount of dying Securities 3 and 4)	Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of Derivative Security:	Beneficial
				Code	v	(A)	(D)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Reporting Owners

Description Over 14 House	Relationships						
Reporting Owner Name / Address	Director 10% Own		Officer	Other			
Ma Fred 24 CARPENTER ROAD CHESTER, NY 10918			Chief Medical Officer				

Signatures

/s/ Fred Ma	04/02/2018
Signature of Reporting Person	Date

Explanation of Responses:

- * 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).

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 be

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.