FORM 4 Check this box if no longer

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden hours per					
reenonce	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)														
1. Name and Address of Reporting Person - Anderson David W				Issuer Name and Ticker or Trading Symbol REPRO MED SYSTEMS INC [REPR]						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director Director					
(Last) (First) (Middle) 100 LAKESIDE DRIVE, STE 100			` ′	3. Date of Earliest Transaction (Month/Day/Year) 09/28/2018						Officer (give title below	v)	Other (spe	cify below)		
(Street)			,	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 Reporting Person					
HORSHAM, PA 1	9044										Form filed by More than 0	One Reporting Po	erson		
(City)	(Sta	te)	(Zip)			Table	e I - No	n-Derivat	ive Securit	ties Acqu	nired, Disposed of, or Beneficially Owned				
(Instr. 3)		2. Transaction Date (Month/Day/Y	Execution (ear)	2A. Deemed Execution Date, is any (Month/Day/Year	(Instr. 8)		4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)		red (A)	5. Amount of Securitie Following Reported Tr (Instr. 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(ivioniii	Day/Teal	Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	
Common Stock			09/28/2018			A		1,894	A	\$ 1.65	23,824			D	
Reminder: Report on a	a separate line fo	or each class of secu	rities beneficially	owned direct	ly or indire		are n		d to resp		ellection of information				1474 (9-02)
			Tabl			rities Acquir warrants, op					ned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Price of Derivative Security		Date (Month/Day/Year)	3A. Deemed Execution Date, it any (Month/Day/Year	Code (Instr. 8)	Code Der (Instr. 8) Acc Dis		Number of rivative Securities quired (A) or sposed of (D) str. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		e and Amount of dying Securities 3 and 4)	8. Price of Derivative Security (Instr. 5)	Derivative Securities Beneficially	Ownership Form of Derivative	Beneficial
				Code	v	(A) (Date Exercisabl	Expiration Expiration Expiration	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Reporting Owners

Barrella Comment / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Anderson David W 100 LAKESIDE DRIVE, STE 100 HORSHAM, PA 19044	X					

Signatures

/s/ David W. Anderson	10/01/2018
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.