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

OMB APPROVAL						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

1(b).	nstruction	Filed pursu	ant to Sec	tion 16(a) o	f the Secu	rities	Excha	nge Ac		934 or	Secti	on 30(h) of	the Inve	stme	nt Company A	ct of				
(Print or Type Respo	nses)																			
Name and Address of Reporting Person – Fisher Karen				2. Issuer Name and Ticker or Trading Symbol REPRO MED SYSTEMS INC [REPR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) (Middle) REPRO MED SYSTEMS, INC., 24 CARPENTER ROAD			Date of Earliest Transaction (Month/Day/Year)								Director 10% Owner X Officer (give title below) Other (specify below) Chief Financial Officer									
KEPKO MED S			PENTER	KUAD	01/29/20															
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)									6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
CHESTER, NY 10918 (City) (State) (Zip)			The North of Control of Discoulation Description																	
						Table I - Non-Derivative Securities Acquir								red, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transa Date (Month/E		Year) Exec			Code (Instr. 8	3. Transaction Code (Instr. 8)		r Disp	sposed of (D) 3, 4 and 5)		Following Reported Transaction(s)  Ownership of In Form:  Bene			Beneficial			
					(Moi	nth/Da	y/Year)	Coc	da.	v	Amou	int (A) or (D	Price	or Indire (I)		or Indirect	Ownership (Instr. 4)			
								Coc	de	v	Alliou	IIII (A) OI (D	) Flice					(111811.4)		
Reminder: Report or	i a separate line	for each clas	s of securiti						aı Ce	re not ontrol	requi numb	red to respo ber.	ond unle	ss th	on of informatione form display			sec	1474 (9-02)	
				Tal								, or Beneficia		d						
(Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day)	Year) Exec	Deemed ution Date, if nth/Day/Year)	4. Transaction		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ons, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title a	and Amount of ring Securities and 4)		8. Price of Derivative Security (Instr. 5)	Derivative Securities Beneficially	10. Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(2	A)	(D)	Date Exerci		Expiration Date	Title		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Options to Purchase Common Stock	\$ 1.57	01/29/20	)19		A		500	,000		<u>(1</u>	Ū	01/29/2029	Comm	-	500,000	\$ 0	1,000,000	D		
Reporting	Owners																			
Relationship			s																	
Reporting Owner Name / Address					Other															
Fisher Karen REPRO MED SY 24 CARPENTER CHESTER, NY	ROAD			Chief Fin	nancial O	fficer														

# **Signatures**

/s/ Karen Fisher	02/04/2019
Signature of Reporting	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).
- (1) Incentive stock options granted pursuant to the Repro Med Systems, Inc. 2015 Stock Option Plan, as amended. Options vest in increments of 100,000 on the first anniversary of the date of grant and each anniversary thereafter

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.