FORM 4

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

| OMB APPRO | VAL | | | | |
|------------------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burden hours per | | | | | |
| rocponco | 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 Respon | ses) | | | | | | | | | | | | | | | |
|---------------------------------------------------------------|--------------------|------------------------------------------|----------------------------------------|-----------------------------------------------------------------------|-------------------------------|--------------------------|-------|----------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| Name and Address of Reporting Person - Sealfon Brad Alexander | | | | Issuer Name and Ticker or Trading Symbol REPRO MED SYSTEMS INC [REPR] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 23 ALLISON DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2017 | | | | | | Officer (give title below | r) | Other (spec | cify below) | | | |
| | | | | 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 | | | | | | |
| MONROE, NY 10 | | | | | | | | | | | Total fied by whole mail one reporting resolt | | | | | |
| (City) | (Sta | te) | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | ired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Y | ear) any | on Date, if | (Instr. 8) | | or | 4. Securities Acquired (or Disposed of (D) (Instr. 3, 4 and 5) | | ed (A) | | r. 3 and 4) | | Ownership Form: of Indire Benefici | 7. Nature of Indirect Beneficial Ownership |
| | | | | (ivioiti | /Day/ I cai | Code | | / Aı | mount | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | |
| Common Stock | | | 06/30/2017 | | | A | | 8,8 | 866 | A | \$ 0.47 | 124,043 | | | D | |
| Reminder: Report on a | a separate line fo | or each class of secu | rities beneficially | owned direc | ly or indir | ectly. | are | not re | | to respo | | llection of information | | | n SEC | 1474 (9-02) |
| | | | Tabl | e II - Deriv | | rities Acqu warrants, | | | | | | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | or Exercise | e of (Month/Day/Year) any (Month/Day/Yea | if Code Der (Instr. 8) Acq Disp | | Number of rivative Securities | | and l | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Under | e and Amount of lying Securities 3 and 4) | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned | Ownership Form of B Derivative O Security: (I | Beneficial | |
| | | | | Code | v | (A) | (D) | Date | e rcisable | Expiration Date | Title | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect s) (I) (Instr. 4) | |

Reporting Owners

| | Relationships | | | | | | |
|----------------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Sealfon Brad Alexander 23 ALLISON DRIVE MONROE, NY 10950 | X | | | | | | |

Signatures

| /s/ Brad A. Sealfon | 07/05/2017 |
|-------------------------------|------------|
| 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.