# FORM 4 Check this box if no longer

# 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 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				Issuer Name and Ticker or Trading Symbol REPRO MED SYSTEMS INC [REPR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director  Director  Director					
(Last) (First) (Middle) 24 CARPENTER ROAD				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2017							X Officer (give title below) Other (specify below)  Chief Medical Officer					
				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						
CHESTER, NY 10918																
(City)	(Sta	te)	(Zip)	Table I - Non-Derivative Secu				ve Securiti	ies Acqu	cquired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Y	Execution Da		(Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership	of Indirect	
				(Wonti	/Day/Tea	Code	e	v	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	
Common Stock			06/30/2017			A			42,553	A	\$ 0.47	88,717			D	
Reminder: Report on a	a separate line fo	or each class of secur	ities beneficially o	owned direc	tly or indi	rectly.	are	e no		d to respo		llection of information			n SEC	1474 (9-02)
			Tabl	e II - Deriv (e.g., <sub>I</sub>						r Beneficia securities)		ed				
1. Title of Derivative Security (Instr. 3)	or Exercise	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	(Instr. 8)	D A D	Number of erivative Secquired (A) isposed of (nstr. 3, 4, and	ecuritie ) or (D)	6. Date Exercisable		ion Date	Under	e and Amount of lying Securities 3 and 4)	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned	Ownership Form of Derivative Security: of Indir Benefic Owners Security: (Instr. 4	Beneficial
				Code	V	(A)	(D)		Date Exercisable	Expiration Date	n Title	Amount or Number of Shares		Reported Transaction(s)	Direct (D) or Indirect (I) (Instr. 4)	

## **Reporting Owners**

D	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Ma Fred 24 CARPENTER ROAD CHESTER, NY 10918			Chief Medical Officer				

### **Signatures**

/s/ Fred Ma	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 Company hired Mr. Ma as an employee on November 1, 2016 and as part of his employment agreement he is entitled to shares of the Company's common stock quarterly. The number of shares i 1(f) of the Securities Exchange Act of 1934 on May 3, 2017. With the Company's fiscal year end change to calendar year 12/31/17, with Mr Ma's agreement, the number of shares issued on 6/30/17 v

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.