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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	ge burden
hours per respor	ise 0.5

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

•	pe Response														
1. Name and Address of Reporting Person *- Radin Arthur J				2. 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) 200 HICKS STREET				3. Date of Earliest Transaction (Month/Day/Year) 10/13/2015					-	Officer (give title below) Other (specify below)					
(Street) BROOKLYN, NY 11201			4. If Ame	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					s Acqui	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	ant of Securities ally Owned Following d Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial	
				(Month/Da	y/ Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
REPR Co	ommon Sto	ck	10/13/2015			P		40,000	A \( \frac{9}{1}	\$ 16,800	100,600	)		D	
Reminder: indirectly.	Report on a	separate line	for each class of sec	curities bene	ficially	owned di	Per	sons wh	n this fo	orm are	not req	uired to re	nformation espond unle ntrol number	ess	EC 1474 (9- 02)
				Derivative (e.g., puts, o							ly Owned	1			
Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/	Execution D any			of	and (M	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Undo Secu	Amount	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	9)
				Code	de V	(A) (I		te ercisable	Expiration Date	on Title	or Number of Shares				
Repor	ting O	wners													

Describer Occurs Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Radin Arthur J 200 HICKS STREET BROOKLYN, NY 11201	X						

## **Signatures**

Arthur J. Radin	10/13/2015
**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).

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.