FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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l	OIVID APPR	OVAL
	OMB Number:	3235-0287
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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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

						. ,											
1. Name and Address of Reporting Person* LENZ BRIAN					2. Issuer Name and Ticker or Trading Symbol ADMA BIOLOGICS, INC. [ADMA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				1	10111	TI DIO		100, 111	<u>u.</u> [11011.			Director	Director		10% Owner		
-				— <u>L</u>								Officer below)	(give title		Other (sp below)	ecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)						below)	, ,					
C/O ADMA BIOLOGICS, INC.					01/23/2019						EVP, CFO						
465 STATE ROUTE 17																	
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ir	6. Individual or Joint/Group Filing (Check Applicable					
(Street)												Line)					
RAMSE	•											X Form fi	filed by One Reporting Person				
TUTIVIOL		,	07 110										ed by More	than (One Reporti	ng	
(Cit.)	(0	tata)	(7in)									Person					
(City)	(5	tate)	(Zip)														
		Та	ble I - Non-D	Derivati	ve Se	ecurities	s Acc	quired, D	isposed (of, or Be	neficiall	y Owned					
1. Title of	Security (Inst	r. 3)		Transactio						5. Amour		6. Ownership		7. Nature of			
				Date (Month/Day/Year)		Execution Date, if any		e, Transaction Dispos Code (Instr.		ed Of (D) (Instr. 3, 4 a		5) Securities Beneficia	ly (D) c			ndirect Beneficial	
	[`			(Month/Day/Year		ar) 8) `				Owned Fe				Ownership Instr. 4)			
						Code V	Amount	(A) o	r Price	Transacti	ransaction(s)		Ι'				
										(D)		(Instr. 3 a	3 and 4)				
			Table II - De	erivative	Sec	urities	Acqı	uired, Dis	posed of	, or Ben	eficially	Owned					
			(e.	g., puts	s, cal	ls, warr	ants,	, options	, converti	ible secu	ırities)						
1. Title of	2. 3. Transaction 3A. Deemed			4.					6. Date Exercisable and 7. Title and			8. Price of	9. Number			11. Nature	
Derivative Security	Conversion or Exercise	e (Month/Day/Year) if any (Month/Day	Execution Date	Transaction Code (Instr.				(Month/Day/Year) Ur		of Securit Underlyin		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/Yea	r) 8)	Acquired (A) or Disposed		Derivative Secur (Instr. 3 and 4)				(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Security					of (D) (Instr.				iu 4)		Following		(I) (Instr. 4)	(111311. 4)		
				<u> </u>	<u> </u>		3, 4 and 5)					4	Reported Transaction(s	n(s)			
											Amount		(Instr. 4)	``			
				L .	l	l		Date	Expiration	L	Number						
				Code	V	(A)	(D)	Exercisable	Date	Title	of Shares			_			
Employee Stock																	
Option	\$3.22	01/23/2019		A		200,000		(1)	01/23/2029	Common Stock	200,000	\$0	200,000	0	D		
(right to buy)										JUCK							

Explanation of Responses:

1. The option vests over a four-year period with 25% of the shares of common stock underlying the option vesting on the one year anniversary of the grant date and the remaining 75% of the shares of common stock underlying the option vesting in equal monthly installments thereafter beginning on February 23, 2020, becoming fully vested on January 23, 2023.

/s/ Brian Lenz

01/25/2019

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.