## Edgar Filing: Saban Joel - Form 4

Form 4											
November 2	20, 2017										
FORM	Λ4		an an			~	NGEG		OMB AF	PROVAL	
	UNITED	STATES		RITIES A shington			NGE C	OMMISSION	OMB Number:	3235-0287	
Check the if no lon subject to Section	nger <b>STATEN</b> 16.	MENT OF	F CHANGES IN BENEFICIAL OWNE SECURITIES					ERSHIP OF	burden hour	stimated average urden hours per	
Form 4 Form 5 obligatio may cor <i>See</i> Inst 1(b).	Filed put ons Section 170	response Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Saban Joel			2. Issuer Name <b>and</b> Ticker or Trading Symbol Diplomat Pharmacy, Inc. [DPLO]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (	Middle)	3. Date of Earliest Transaction				(Check	eck all applicable)			
C/O DIPLOMAT PHARMACY, INC., 4100 SOUTH SAGINAW STREET			(Month/Day/Year) 11/20/2017					Director 10% Owner X Officer (give title Other (specify below) below) President			
				Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
FLINT, MI	48507							Form filed by M Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	rity (Month/Day/Year) Execution Date, if		(A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	11/20/2017			Code V P	Amount 10,000	or (D) A	Price \$ 15.2433 (1)	(Instr. 3 and 4)	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Saban Joel C/O DIPLOMAT PHARMACY, INC. 4100 SOUTH SAGINAW STREET FLINT, MI 48507			President					
Signatures								
Christina Flint, by Power of Attorney	11/20/2017							
<u>**</u> Signature of Reporting Person	Dat	e						
Explanation of Deenenees								

## **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).
- The price represents the weighted average price of the multiple transactions reported on this line. The shares were purchased at prices
   (1) ranging from \$15.24 to \$15.2499 per share. Upon request by the SEC staff, the issuer or any securityholder of the issuer, the reporting person will provide full information regarding the number of shares purchased at each separate price.

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.