

IMPAX LABORATORIES INC

Reported by **TERRERI PETER R**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/07/13 for the Period Ending 05/06/13

Address 30831 HUNTWOOD AVENUE

HAYWARD, CA 94544

Telephone 510-240-6000

CIK 0001003642

Symbol IPXL

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Drugs

Sector Healthcare

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

1. Name and Address of Reporting Person *				2	2. Issuer Name and Ticker or Trading Symbol						ng Symb		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
TERRERI PE	TER R					PAX LA XL]	BOR	AT(ORI	ES :	INC	X Dire	ctor		10%	Owner
(Last)	(First)	(Mi	iddle)	3	3. Date of Earliest Transaction (MM/DD/YYYY)				Office below)	Officer (give title below)			(specify			
C/O IMPAX I INC., 30831 H AVENUE			RIES,				5/6	5/20	13							
TYDICE	(Street)				4. If Amendment, Date Original Filed (MM/DD/YYYY)					6. Individual or Joint/Group Filing (Check Applicable Line)						
HAYWARD, (City)	CA 945 (State)	44 (Zij	p)											Reporting Pe		n
		Table	I - Non-	Deriv	vati	ve Securit	ies Ac	quir	ed, D	ispo	sed of, o	or Beneficiall	y Owned			
1.Title of Security (Instr. 3)				2. Tr Date		Deemed Execution Date, if	3. Trans. Code (Instr. 8) 4. Secur Acquire Dispose (Instr. 3		d (A) d of (or Fol (Ins		ount of Securities Beneficially Owned ing Reported Transaction(s) 3 and 4)			7. Nature of Indirect Beneficial Ownership	
						any	Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				5/6/2	2013		M		7500	A	\$8	36	5983		D	
Tab	le II - Dei	rivative	Securiti	es Bo	enef	icially Ov	vned (e.g.	, puts	, cal	lls, warr	ants, options	, convert	ible secur	rities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any	4. Tra Code (Instr.	8) I S A I (5. Number of Derivative Securities Acquired (A) of Disposed of (Instr. 3, 4 and 5)	and E	and Expiration Date			Securities	nd Amount of Underlying e Security and 4)	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	V	(A) (D)	Date Exerc	cisabl	Expir e Date	ation	Title	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)	(I) (Instr. 4)	
Stock Option (Right to Buy)	\$8	5/6/2013		M		7500		(1)	5/16/	2013	Common Stock	7500	\$0	0	D	

Explanation of Responses:

(1) The option became exercisable in three equal annual installments beginning on May 16, 2004, which was the first anniversary of the date on which the option was granted.

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 beneficial owner of any equity securities covered by this Statement, or (b) that this Statement is legally required to be filed by such person.

Reporting Owners

Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other		
TERRERI PETER R C/O IMPAX LABORATORIES, INC.	X						

30831 HUNTWOOD AVENUE HAYWARD, CA 94544			
Signatures			
/s/ Mark A. Schlossberg, by Power of	5/7/2013		
** 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 control number.