

Recro Pharma, Inc.  
Form 3/A  
November 03, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â CHURCHILL WINSTON J			(Month/Day/Year)	Recro Pharma, Inc. [REPH]	
(Last)	(First)	(Middle)	03/06/2014	4. Relationship of Reporting Person(s) to Issuer	
490 LAPP ROAD				(Check all applicable)	
(Street)				<input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner	
MALVERN, Â PA Â 19355				<input type="checkbox"/> Officer <input type="checkbox"/> Other	
(City)	(State)	(Zip)		(give title below) (specify below)	
				5. If Amendment, Date Original Filed(Month/Day/Year)	
				03/13/2014	
				6. Individual or Joint/Group Filing(Check Applicable Line)	
				<input checked="" type="checkbox"/> Form filed by One Reporting Person	
				<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
No securities are beneficially owned <sup>(1)</sup>	0	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Shares (I)  
(Instr. 5)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CHURCHILL WINSTON J 490 LAPP ROAD MALVERN, PA 19355	X	^	^	^

## Signatures

/s/ Donna Nichols, attorney-in-fact 11/03/2016

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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).
- (1) On March 13, 2014, the reporting person filed a Form 3 mistakenly reporting indirect beneficial ownership of 1,120,120 shares of common stock based on the conversion of Series A Redeemable Convertible Preferred Stock and 2,043,053 shares of common stock based on the conversion of all principal and accrued interest on 8% Convertible Promissory Notes, each held by partnerships. As of March 6, 2014, the reporting person did not have indirect beneficial ownership of such shares, which were owned by SCP Vitalife Partners (Israel) II, L.P. and SCP Vitalife Partners II L.P. As of March 6, 2014, the reporting person beneficially owned no securities of the issuer.

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.