FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

				i lieu							ompany Act			1334						
					2. Issuer Name and Ticker or Trading Symbol ZOGENIX , INC . [ZGNX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2017									Director Officer (give title below)					6 Owner er (specify ow)	
51 ASTOR PLACE, 10TH FLOOR				4. If	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YORK NY 10003													Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(St		Zip)	Non Dariu	rativa	<u> </u>		- A		ı D:	anacad a		Da	nofic	رااه:	O				
Date			2. Transactio	n 2A. Deemed Execution Date,		te,	3. Transac Code (II	tion	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			d (A) o	or 5. Amoun Securities Beneficial Owned		int of es ially	Forr (D) o	rect (I)	7. Nature of Indirect Beneficial Ownership		
										v	Amount		A) or D)	Price					tr. 4)	(Instr. 4)
Common Stock			06/30/20	0/2017				P		175,653		A	\$14.	.45	3,448,302		2 I		See Footnote ⁽¹⁾	
		Та	ble	II - Derivat (e.g., pı							osed of, convertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date,	4. Transa Code	actio	5. Nu	vative rities rired r osed)	6. Date Expira (Mont	e Exe	rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nd of es ng	8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	e S Illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership
					Code	,	/ (A)	(D)	Date Exerci	sable	Expiration Date	Tit	o N o	lumber						
		f Reporting Person ADVISORS		2																
(Last) 51 ASTO		(First) 10TH FLOOR	((Middle)																
(Street) NEW YO	ORK	NY	j	10003																
(City)		(State)	((Zip)																

1. Name and Address of Reporting Person* PERCEPTIVE LIFE SCIENCES MASTER FUND LTD								
(Last) 51 ASTOR PLAC	(Middle)							
(Street) NEW YORK	NY	10003						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* EDELMAN JOSEPH								
(Last)	(First)	(Middle)						
51 ASTOR PLACE, 10TH FLOOR								
(Street)								
NEW YORK	NY	10003						
(City)	(State)	(Zip)						

Explanation of Responses:

1. The securities are directly held by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"). Perceptive Advisors LLC (the "Advisor") serves as the investment manager of Master Fund. Joseph Edelman is the managing member of the Advisor. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

Remarks:

/s/ Joseph Edelman - for Perceptive Life Sciences Master Fund Ltd., By: Perceptive Advisors LLC, its 07/05/2017 investment manager, By: Joseph Edelman, its managing <u>member</u> /s/ Joseph Edelman - for Perceptive Advisors LLC, By: 07/05/2017 Joseph Edelman, its managing member /s/ Joseph Edelman 07/05/2017 ** 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.