FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

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

X 10% Owner

Other (specify below)

7. Nature of

Beneficial Ownership

Footnote⁽¹⁾

11. Nature

of Indirect

Beneficial

Ownership (Instr. 4)

(Instr. 4)

See

Indirect

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

6. Individual or Joint/Group Filing (Check Applicable Line)

Form filed by One Reporting Person Form filed by More than One Reporting

6. Ownership

Form: Direct

(D) or Indirect (I) (Instr. 4)

Ι

10.

Form: Direct (D) or Indirect (I) (Instr. 4)

Ownership

Director

5. Amount of

Beneficially

Owned Following Reported Transaction(s)

16,084,802

9. Number of

derivative Securities

Beneficially Owned

Following Reported

Transaction(s) (Instr. 4)

(Instr. 3 and 4)

Officer (give title

curities Exchange Act of 1934 Company Act of 1940

| Instruc | tion 1(b). | | | Fil | | | | | | | | ties Exchang Impany Act | | | 34 | | | | |
|--|---|--|---|--|--|--|---|-----|---------|------------------------------|-------------|---|---|--|------------------|--|--------------------------------------|---|--|
| 1. Name and Address of Reporting Person* PERCEPTIVE ADVISORS LLC | | | | | | 2. Issuer Name and Ticker or Trading Symbol ADMA BIOLOGICS, INC. [ADMA] | | | | | | | | | | 5. Relationship of (Check all application) | | | |
| (Last) 51 AST | , | rst) (10TH FLOOR | Middle) | | | Date (/11/2 | | | t Trans | action (I | Month | ı/Day/Year) | | | | | Offic belov | | |
| (Street) NEW YORK NY 10003 | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Juliane) Form file | | | | | | |
| (City) | (St | ate) (| Zip) | | _ | | | | | | | | | | | X | Pers | | |
| | | Tabl | le I - No | 1 | | _ | | | | · | , Di | sposed o | _ | | | ially | Owne | ed | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transa Code (8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | | | nd | Securiti Benefic | Amount ecurities eneficiall wned Fol | |
| | | | | | | | | | Code | v | Amount (A | | (A) or (D) | () or () Price | | Transactio | | | |
| Common Stock | | | 02/11 | /2020 | | | | | P | | 4,563,700 A | | \$3 | \$3.5 16,0 | | 84 | | | |
| | | Та | able II - | | | | | | | | | 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) | 3A. Deer Execution if any (Month/I | med | 4. Transa Code (8) | action | 5. Number of | | • | Exercion Da | | | Title and nount of curities derlying rivative curity (li | <u> </u> | 8. I De Se | Price of erivative ecurity nstr. 5) | 9. de SB O Fe R Ti | | |
| | | | | | Code | Code V | | (A) | (D) | | | Expiration Date | Titl | Amount or Number of shares | | | | | |
| | | Reporting Person* | LC | | | | | | | | | | | • | | | | | |
| (Last) 51 ASTO | OR PLACE, | (First) 10TH FLOOR | (Mid | ddle) | | _ | | | | | | | | | | | | | |
| (Street) NEW Y | ORK | NY | 100 | 003 | | _ | | | | | | | | | | | | | |
| (City) | | (State) | (Zip |)) | | | | | | | | | | | | | | | |
| PERCE | EPTIVE L | Reporting Person* | ES M | <u>ASTEI</u> | <u>R</u> | | | | | | | | | | | | | | |
| <u>FUND</u> | LID | | | | | _ | | | | | | | | | | | | | |
| | | (First) ADVISORS LLO 10TH FLOOR | • | ddle) | | | | | | | | | | | | | | | |
| (Street) NEW Y | ORK | NY | 100 | 003 | | _ | | | | | | | | | | | | | |
| (City) | | (State) | (Zip |)) | | | | | | | | | | | | | | | |
| | nd Address of | Reporting Person* | | | | | | | | | | | | | | | | | |
| (Last) | | (First) | (Mic | ddle) | | | | | | | | | | | | | | | |

C/O PERCEPTIVE ADVISORS LLC

| 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/ Perceptive Life Sciences Master Fund Ltd., By: Perceptive Advisors LLC, its 02/11/2020 investment manager By: Joseph Edelman, its managing <u>member</u> /s/ Perceptive Advisors LLC,

By: Joseph Edelman, its 02/11/2020 managing member

/s/ Joseph Edelman 02/11/2020 ** 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.