FORM 5

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

W	as	hir	ngto	n,	D	.C.	2054	9

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	ROVAL						
	OMB Number:	3235-0362						
	Estimated average burden							
-1	l.							

Form 3	Holdings Rep	orted.												Lilou	rs per res	sponse.		1.0
_	Transactions		Fil	led pursuant t or Section					rities Excha company Ac			34				_		
1. Name and Address of Reporting Person* <u>Longboard Capital Advisors, LLC</u>					2. Issuer Name and Ticker or Trading Symbol Imprimis Pharmaceuticals, Inc. [IMMY]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Vother (specify			er			
(Last) (First) (Middle) 1312 CEDAR STREET					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017							below) Institutional Investor						
(Street) SANTA MONICA CA 90405				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(S		(Zip)															
		Tab	le I - Non-Deri	1			quire	-					-					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)			osed Of	Securities Beneficial	Owne y Form		ership Indir : Direct Bene		icial	
				(Month/Day	rrear) c	·)		Amount		(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock 03/21/2017			03/21/2017		F		7	52,000		A	\$	1.79	1,416,000		D			
		Т	āble II - Deriva (e.g., ¡	ative Secu puts, calls									Owned					
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. Transaction Code (Instr. 8)	5. Numl of Derivati Securiti Acquire (A) or Disposo of (D) (I 3, 4 and	expirat (Month ities red sed (Instr.		te Exercisable and ation Date th/Day/Year) Expiration isable Date		Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersl Form: Direct (I or Indire (I) (Instr.	nip (11. Nature of Indirect Beneficial Ownership (Instr. 4)

06/27/2017

52,000

12/27/2019

Stock

52,000

(1)

1,416,000

D

wairants	Ψ1.73	03/21/2017		1					
Name and Address of Reporting Person* Longboard Capital Advisors, LLC									
(Last) 1312 CE	DAR STRE	(First) EET	(Middle)						
(Street)	MONICA	CA	90405						
	MONICA	CA	30403						
(City)		(State)	(Zip)						
1. Name ar		Reporting Person*							
(Last)		(First)	(Middle)						
1312 CE	DAR ST.								
(Street)	MONICA	CA	90405						
(City)		(State)	(Zip)						

Explanation of Responses:

 $1.\ \$0.125/warrant;\ \$1.915/unit\ (common\ stock\ and\ warrant)$

/s/ Brett Conrad, sole managing 02/08/2018 member

/s/ Brett Conrad

02/08/2018

** 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.