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

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

| OMB API | OMB APPROVAL | | | | | | | | | |
|--------------------|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Expires: | December 31, 2014 | | | | | | | | | |
| Estimated a | Estimated average burden | | | | | | | | | |
| hours per response | 0.5 | | | | | | | | | |

| 1. Name and Address of Reporting Person* Blachman Amir | | | 2. Issuer Name and Ticker or Trading Symbol Targeted Medical Pharma, Inc. [NONE] | Issu | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|-------------------------------------|----------------|---|------|--|----------------------|--|--|--|
| | (First) MEDICAL PI BEVERLY GL | • | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2014 | X | Director 10% Own X Officer (give title below) See Remarks Since All Application 10% Own Other (specify below) | | | | |
| (Street) LOS ANGELES (City) | CA (State) | 90077 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | (Che | ndividual or Joint/G eck Applicable Line orm filed by One R orm filed by More the eporting Person |) eporting Person | | | |

| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
|---|--|---|--------------------------------------|---|------------------------------------|------------------|-------|---|----------------------------------|---|--|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transact Code (Instr. 8) | | Acquired (A) or Disposed of (D) | | | Beneficially Owned | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | Code | V | Amount | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | or Indirect (I) (Instr. 4) | (Instr. 4) | | |

| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|--|--|---|-------------------------------------|---|-------------------------------|-----|----------------------------|--------------------|-------|--|---|--|--|--|
| 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. Transac Code (Instr. 8) | | 5. Number of Derivative | | 6. Date Exercisable and | | 1 | | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

Employment contract ended December 31, 2013 as Vice President of Strategy & Operations, Chief Compliance and Ethics Officer, Secretary.

/s/ Amir Blachman

01/02/2014

** 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.