

FORM 3**UNITED STATES SECURITIES AND EXCHANGE
COMMISSION**

Washington, D.C. 20549

OMB APPROVALOMB 3235-
Number: 0104
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
or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Marques Manuel A	2. Date of Event Requiring Statement (Month/Day/Year) 12/05/2018	3. Issuer Name and Ticker or Trading Symbol REPRO MED SYSTEMS INC [REPR]	
(Last) (First) (Middle) REPRO MED SYSTEMS, INC., 24 CARPENTER ROAD		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street) CHESTER, NY 10918		Chief Operating Officer	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
(City) (State) (Zip)	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)
Common Stock	0	D	

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 (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Options to Purchase Common Stock	11/18/2017 ⁽¹⁾	11/18/2020	Common Stock	95,000	\$ 0.36	D	
Options to Purchase Common Stock	07/28/2019 ⁽²⁾	07/28/2022	Common Stock	50,000	\$ 0.46	D	
Options to Purchase Common Stock	⁽³⁾	10/11/2022	Common Stock	250,000	\$ 0.5	D	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Marques Manuel A REPRO MED SYSTEMS, INC. 24 CARPENTER ROAD CHESTER, NY 10918			Chief Operating Officer	

Signatures

/s/ Manuel A. Marques		12/13/2018
<small>**Signature of Reporting Person</small>		<small>Date</small>

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).

REPRO MED SYSTEMS, INC. d/b/a RMS Medical Products (the "Company") awarded Mr. Marques these incentive stock options on November 18, 2015 under the Company's 2015 Stock Option Plan, as amended. These options are subject to acceleration in certain instances of mergers, consolidations, or sales or transfers by the Company of substantially all of its assets. As of 11/18/2017 these options are fully vested.

(1) The Company awarded Mr. Marques these incentive stock options on July 28, 2017 under the Company's 2015 Stock Option Plan, as amended. These options will vest on July 28, 2019. These options are subject to acceleration in certain instances of mergers, consolidations, or sales or transfers by the Company of substantially all of its assets.

(2) The Company awarded Mr. Marques these incentive stock options on October 11, 2017 under the Company's 2015 Stock Option Plan, as amended. The options vest at a rate of 15,625 every three months following October 11, 2017 until fully vested. These options are subject to acceleration in certain instances of termination without cause.

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.