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CAPRICOR THERAPEUTICS, INC. Form 4 August 20, 2015 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Marban Linda Issuer Symbol CAPRICOR THERAPEUTICS, (Check all applicable) INC. [CAPR] (Last) (First) (Middle) 3. Date of Earliest Transaction _X_ Director 10% Owner X_Officer (give title Other (specify (Month/Day/Year) below) below) C/O CAPRICOR THERAPEUTICS. 08/18/2015 Chief Executive Officer INC., 8840 WILSHIRE BLVD., 2ND FLOOR (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting **BEVERLY HILLS. CA 90211** Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 3. 2. Transaction Date 2A. Deemed 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Transaction(A) or Disposed of Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Securities (Instr. 3) Code (D) Beneficially (D) or Beneficial anv (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common S 08/18/2015 Ρ 5,000 264,357 (1) A D 4.31 Stock Common 08/19/2015 P 4.200 Α 268.557 (1) D Stock Common 08/18/2015 Ρ 3,169,154 (2) 5,000 А Ι By spouse. 4.31 Stock Common А 08/19/2015 Р 4.200 3,173,354 (3) Ι By spouse. Stock

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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)	4. Transactic Code (Instr. 8)	orNumber Expiration of (Month/D Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
	Toporting of the channel countries			Officer	Other				
Marban Linda C/O CAPRICOR THERAP 8840 WILSHIRE BLVD., 2 BEVERLY HILLS, CA 902	х		Chief Executive Officer						
Signatures									
/s/ Linda Marban	08/20/2015								
<u>**</u> Signature of	Date								

Explanation of Responses:

- * 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).
- (1) Includes shares which the Reporting Person holds in joint tenancy with her spouse.

The Reporting Person disclaims beneficial ownership of these securities, other than the 5,000 shares held in joint tenancy with her spouse,(2) and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

The Reporting Person disclaims beneficial ownership of these securities, other than the 9,200 shares held in joint tenancy with her spouse,(3) and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

Reporting Person

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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.