

Actinium Pharmaceuticals, Inc.  
 Form 3  
 May 17, 2017

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â O'Loughlin Steve</p> <p>(Last) (First) (Middle)</p> <p>C/O ACTINIUM PHARMACEUTICALS, INC., Â 275 MADISON AVENUE, 7TH FLOOR</p> <p>(Street)</p> <p>NY, Â NY Â 10016</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>05/15/2017</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Actinium Pharmaceuticals, Inc. [ATNM]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>VP, Finance and Corporate Dev.</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**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)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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**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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Options to purchase common stock	10/01/2015 <sup>(1)</sup>	10/01/2025	Common Stock	100,000	\$ 1.79	D	Â
Options to purchase common stock	04/14/2016 <sup>(2)</sup>	04/14/2026	Common Stock	50,000	\$ 1.99	D	Â
Options to purchase common stock	03/14/2017 <sup>(3)</sup>	03/14/2027	Common Stock	100,000	\$ 1.39	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
O'Loughlin Steve C/O ACTINIUM PHARMACEUTICALS, INC. 275 MADISON AVENUE, 7TH FLOOR NY, NY 10016	Â	Â	Â VP, Finance and Corporate Dev.	Â

## Signatures

/s/ Steve  
O'Loughlin  
05/17/2017

\*\*Signature of Reporting Person                      Date

## 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).
- (1) A total of 28% of the options will vest one year from the grant date, and the remaining 72% shall vest in equal increments of 2% per month of the initial option grant over the following three year period.
  - (2) Pursuant to the terms of the company's Amended and Restated 2013 Stock Plan, 2% of the options shall vest each month from the date of grant.
  - (3) Pursuant to the terms of the company's Amended and Restated 2013 Stock Plan, 2% of the options shall vest each month from the date of grant. In addition, 25,000 options are subject to cancellation based on the obtainment of certain milestones.

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.