Advaxis, Inc. Form 4 November 03, 2014

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB

Washington, D.C. 20549 Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

3235-0287 Number: January 31, Expires:

OMB APPROVAL

if no longer subject to Section 16. Form 4 or

2005 Estimated average

SECURITIES

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Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Ad Mauro David	•	orting Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			Advaxis, Inc. [ADXS]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
305 COLLEGE ROAD EAST			(Month/Day/Year) 10/31/2014	Director 10% Owner _X_ Officer (give title Other (specify below) Chief Medical Officer		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
PRINCETON, NJ 08540			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Toble I Non Derivetive Securities A	equired Disposed of an Rapaticially Owner		

(City)	(State) (2	Table	I - Non-De	erivative Se	curities Ac	quired, Disposed (of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any		3. Transactio	4. Securitien(A) or Disp (D)	es Acquired posed of	5. Amount of Securities Beneficially	7. Nature of Indirect Beneficial	
((Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	and 5)	Owned Following Reported	(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
			Code V		(A) or (D) Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	10/31/2014		A	190 (1)	A \$ 3.18	135,360	D	
Common Stock	10/31/2014		F	25 <u>(2)</u>]	D \$ 3.18	135,335	D	

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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						LACICISAUIC Date	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
Mauro David J 305 COLLEGE ROAD EAST PRINCETON, NJ 08540			Chief Medical Officer				

Signatures

/s/ Sara Bonstein, as attorney-in-fact for David J. 11/03/2014 Mauro

> **Signature of Reporting Person 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).
- The reporting person voluntarily agreed to use a percentage of his base salary to purchase restricted shares of the issuer. Shares are purchased monthly using the closing price of the last trading day of the month.
- (2) Represents shares forfeited by the reporting person in order to pay withholding taxes associated with the stock issuance.

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.

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