Advaxis, Inc. Form 4 November 06, 2015

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

if no longer subject to Section 16. Form 4 or Form 5

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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).

(Last)

(City)

Common

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Khleif Samir N

(First)

(Middle)

(Zip)

305 COLLEGE ROAD EAST

(Street)

(State)

11/05/2015

PRINCETON,, NJ 08540

2. Issuer Name and Ticker or Trading

Symbol

Advaxis, Inc. [ADXS]

3. Date of Earliest Transaction (Month/Day/Year)

11/05/2015

4. If Amendment, Date Original Filed(Month/Day/Year)

A

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

**OMB APPROVAL** 

Expires:

response...

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

X\_ Director 10% Owner Other (specify Officer (give title below)

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

4. Securities

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

3,430 \$0 (1)

(A)

69,587 D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: Advaxis, Inc. - Form 4

1. Title of	f 2.	3. Transaction Date	3A. Deemed	4.	5. Numbe	r of	6. Date Exercis	sable and	7. Title and A	Amount of
Derivativ	e Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date		Underlying Securities		
Security	or Exercise		any	Code	Securities		(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired	(A)				
	Derivative				or Disposed of					
	Security				(D)					
	_				(Instr. 3, 4,					
					and 5)					
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Options	\$ 12.81	11/05/2015		A	40,000		11/05/2016	11/05/2025	Common Stock	40,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
Khleif Samir N 305 COLLEGE ROAD EAST PRINCETON,, NJ 08540	X						

# **Signatures**

/s/ Sara Bonstein, as attorney-in-fact for Samir Khleif

\*\*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).
- (1) Represents compensation for director services Dr. Khleif elected to receive in stock.
- This award relates to an annual grant awarded by the Compensation Committee following the completion of our 2015 Fiscal Year and is subject to the terms of our 2015 Incentive Plan. The award vests one-third on November 5, 2016, one-third on November 5, 2017, and will be fully vested on November 5, 2018.

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.

Reporting Owners 2