Edgar Filing: NANOVIRICIDES, INC. - Form 4

| NANOVIRI | CIDES, INC. | | | | | | | | | | |
|--------------------------------------------------------------------------------|----------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------|--------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------|------------------------|--|
| Form 4 | 2012 | | | | | | | | | | |
| February 01, | | | | | | | | | OMB A | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | 3235-0287 | | | |
| Check this box if no longer subject to Section 16. | | | | | | | | | Expires: | January 31, 2005 | |
| | | | | | JES IN BENEFICIAL OWNERS SECURITIES | | | | Estimated a burden hou | average | |
| Form 4 or | | | | | | | response | • | | | |
| Form 5 obligation | | * | | | | | U | e Act of 1934, | | | |
| may cont <i>See</i> Instru 1(b). | inue. Section | |) of the In | • | . | | | f 1935 or Sectio 40 | n | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Theracour Pharma, Inc. Symbol | | | | er Name and Ticker or Trading DVIRICIDES, INC. C.OB] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of (Month/D | Earliest Tr | ansaction | | | Director Officer (give | | 6 Owner er (specify | |
| 135 WOOD | STREET, SU | JITE 205 | 01/30/20 | - | | | | below) | below) | | |
| | | | | mendment, Date Original /lonth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| WEST HAV | /EN, CT 065 | 16 | | | | | | | Iore than One Re | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | (Month/Day/Year) Execution Date, if str. 3) any | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | | | Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| G | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock (1) | 01/30/2013 | | | S | 39,000 | D | \$ 0.5 | 33,321,000 | D | | |

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

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 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-----------------------|---------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Addre | ess | Relationships | | | | | | | |
|--------------------------------------------------------|------------|---------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Theracour Pharma, Inc. 135 WOOD STREET SUITE 205 | | Х | | | | | | | |
| WEST HAVEN, CT 06516 | | | | | | | | | |
| /s/ Anil Diwan | 01/31/2013 | | | | | | | | |
| <u>**</u> 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 restricted shares of common stock transferred by TheraCour Pharma, Inc. to a non-affiliated third party consultant for services. The party elected to be paid in restricted shares of NanoViricides, Inc. common stock.

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.