Actinium Pharmaceuticals, Inc. Form 3/A August 23, 2013 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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)

1. Name and Address of Reporting Person <u>*</u> Memorial Sloan-Kettering Cancer Center			2. Date of Event Requiring Statement 3. Issuer Name and Ticker or Trad Actinium Pharmaceuticals, I 08/22/2013			· ·		
(Last) 1275 YORK	(First) AVE.,Â	(Middle)						5. If Amendment, Date Original Filed(Month/Day/Year) 01/18/2013
	(Street)					(Check all applicable) DirectorX 10% Owner Officer Other		6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting
NEW YORK, NY 10065				(give title below	give title below) (specify below)		Person _X_ Form filed by More than One Reporting Person	
(City)	(State)	(Zip)		Table I - N	Non-Derivat	tive Securit	ies Be	neficially Owned
1.Title of Secur (Instr. 4)	ity			2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	
Common Stock, par value \$0.001 per share			5,702,387		D (1)	Â		
Common Stock, par value \$0.001 per share			5,702,387		I <u>(2)</u>	Indirect (2)		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)								

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	

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Expiration	Title	Amount or	Derivative	Security:
Date		Number of	Security	Direct (D)
		Shares		or Indirect
				(I)
				(Instr. 5)
	Expiration Date	Expiration Title Date	Date Number of	Date Number of Security

Reporting Owners

Reporting Owner Name / Address		Relationships				
Reporting of the Function and	Director	10% Owner	Officer	Other		
Memorial Sloan-Kettering Cancer Center 1275 YORK AVE. NEW YORK, NY 10065	Â	ÂX	Â	Â		
AHLB Holdings, LLC C/O MSKCC 1275 YORK AVE. NEW YORK, NY 10065	Â	X	Â	Â		
Actinium Holdings, Ltd. C/O /O STERLING MANAGEMENT, LTD. P.O. BOX HM 29 HAMILTON HM CX, DO 00000	Â	ÂX	Â	Â		

Signatures

/s/ Memorial Sloan-Kettering Cancer Center, By John R. Gunn, its Executive Vice President				
**Signature of Reporting Person	Date			
/s/ AHLB Holdings, LLC, By Memorial Sloan-Kettering Cancer Center, its sole member, By John R. Gunn, its Executive Vice President				
**Signature of Reporting Person	Date			
/s/ Actinium Holdings Ltd. By Michael Sheffery, its President	08/22/2013			
**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) Shares held directly by Actinium Holdings Ltd. ("AHL") by reason of its entry into a Share Exchange Agreement, dated August 22, 2013, with the issuer and certain other parties. Previously reported on Form 3 as shares of the Common Stock of Cactus Ventures, Inc. (which has merged into Actinium Pharmaceuticals, Inc.) beneficially owned indirectly by AHLB Holdings, LLC ("AHLB") and Memorial Sloan-Kettering Cancer Center ("MSKCC").

(2) AHL may be deemed to share beneficial ownership of the shares held directly by it with AHLB, which owns all of the outstanding shares of AHL, and MSKCC, which owns all of the membership interests in AHLB.

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.