## Edgar Filing: AETHLON MEDICAL INC - Form 4

AETHLON MEI Form 4 August 11, 2016											
								OMB A	PPROVAL		
FORM 4	UNITED	STATES		RITIES A shington.			COMMISSION	N OMB Number:	3235-028	87	
Check this bo	х				, 2000-20	••••		Expires:	January 3	31,	
if no longer subject to Section 16. Form 4 or				SECUR	WNERSHIP OF	Estimated burden hou response	ed average nours per				
Form 5 obligations may continue. See Instruction 1(b).	Section 17(	a) of the l	Public U	Jtility Hol	ding Cor		nge Act of 1934, of 1935 or Section 940	on			
(Print or Type Respo	onses)										
				2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			AETHLON MEDICAL INC [AEMD]				(Check all applicable)				
(Last) (First) (Middle) 9635 GRANITE RIDGE DRIVE, SUITE 100			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>08/09/2016</li></ul>				X_ Director 10% Owner Officer (give titleOther (specify below) below)				
				4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SAN DIEGO, C	CA 92123						Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day)		Date, if TransactionAcquired (A) or Code Disposed of (D) yy/Year) (Instr. 8) (Instr. 3, 4 and 2)		(A) or of (D) 4 and 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				(A) or			Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Report o	n a separate line	for each cl	ass of sec	urities benef	ficially ow	ned directly of	or indirectly.				
					inforn requi	nation cont red to response and a current	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible	Beneficially Owned securities)	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8.1
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	De

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Acquired or Dispose (D)	(Instr. 3, 4,		(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	08/09/2016		А	16,432		(2)	(2)	Common Stock	16,432	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
<b>FB</b>				Officer	Other		
BARRY FRANKLYN S JR 9635 GRANITE RIDGE DRIVE, SUITE SAN DIEGO, CA 92123	E 100	Х					
Signatures							
/s/ Franklyn S. 08/11/2016 Barry Jr.	5						

\*\*Signature of Reporting Date Person

## **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) Each restricted stock unit represents the right to receive, at settlement, one share of common stock.
- (2)  $\frac{12,324}{and 3/31/17}$  of the resticted stock units vested on the grant date, and the remaining restricted stock units will vest ratably on  $\frac{9}{30}/16, \frac{12}{31}/16$

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.