Edgar Filing: Advaxis, Inc. - Form 4

| Advaxis, Inc. | | | | | | | | | | | | |
|--|------------------------------------|--------------------|--------------------------------|---|--|---------------------------------------|-------------------------|---|--|-----------|--|--|
| Form 4 | 4 | | | | | | | | | | | |
| April 02, 201 | | | | | | | | | OMB A | PPROVAL | | |
| FORM | 14 UNITEE |) STATES | | | AND EX , D.C. 2 | | ANGE | COMMISSION | | 3235-0287 | | |
| Check this box | | | | IGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Expires: Estimated burden hou | • | | |
| Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b). | Filed pu s Section 17 | 7(a) of the | | ility Hol | ding Co | npar | ny Act | nge Act of 1934, of 1935 or Sectio 940 | response | • | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| O'Connor Daniel Symbol | | | | . Issuer Name and Ticker or Trading mbol Ivaxis, Inc. [ADXS] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | te of Earliest Transaction | | | | (Check all applicable) | | | | | |
| (| | | (Month/Day/Year) 03/31/2014 | | | | | X Director 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer | | | | |
| | | | | Amendment, Date Original l(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| PRINCETO | N, NJ 08540 | | | | | | | | More than One R | | | |
| (City) | (State) | (Zip) | Table | e I - Non-l | Derivativ | Secu | rities A | cquired, Disposed o | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executi any | | Code (Instr. 8) | 4. Secu tionAcquir Dispos) (Instr.) | ed (A) ed of 3, 4 ar (A o | (D) nd 5) .) r | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 03/31/2014 | | | Р | 3,333 (1) | A | \$ 3 | 311,016 | 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)

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| 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. Transactic Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Under Secur | unt of rlying | 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 | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| O'Connor Daniel 305 COLLEGE ROAD EAST PRINCETON, NJ 08540 | Х | | Chief Executive Officer | | | | |
| Signatures | | | | | | | |
| /s/ Daniel 04 O'Connor | /02/2014 | | | | | | |
| **Signature of | 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) Reporting person used personal funds to participate in the Company's recent public offering of 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.

Reporting Person