CAPRICOR THERAPEUTICS, INC.

Form 3

December 02, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement CAPRICOR THERAPEUTICS, INC. [NLTXD] A Hamer Andrew Warwick (Month/Day/Year) 11/20/2013 (First) (Last) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O CAPRICOR (Check all applicable) THERAPEUTICS, INC., Â 8840 WILSHIRE BLVD, 2ND 10% Owner Director **FLOOR** _X__ Officer Other (give title below) (specify below) (Street) 6. Individual or Joint/Group VP of Medical Affairs Filing(Check Applicable Line) _X_ Form filed by One Reporting Person **BEVERLY** Form filed by More than One HILLS, CAÂ 90211 Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) (Instr. 5) Form: Direct (D) or Indirect

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

SEC 1473 (7-02)

(I) (Instr. 5)

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

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

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	11/15/2013(1)	11/15/2023	COMMON STOCK	94,659	\$ 0.3	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships				
. 0	Director	10% Owner	Officer	Other	
Hamer Andrew Warwick					
C/O CAPRICOR THERAPEUTICS, INC.	â	â	VP of Medical Affairs	â	
8840 WILSHIRE BLVD. 2ND FLOOR	A	A	A VP of Medical Affairs	А	
BEVERLY HILLS, CA 90211					

Signatures

/s/ Linda Marban, as
Attorney-in-Fact

**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) Vesting schedule is as follows: This option grant vests over 4 years with the first 25% of the shares of common stock subject to the option vesting on December 1, 2014.

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Remarks:

Exhibit 24 - Power of Attorney

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