Edgar Filing: CAPRICOR THERAPEUTICS, INC. - Form 4

CAPRICOR Form 4 May 11, 201	THERAPEUTI	CS, INC.									
									OME	APPROVAL	
FORN Check th		SECURITIES AND EXCHANGE (Washington, D.C. 20549					N OMB Number				
if no long subject to Section 1 Form 4 c	er STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimate	January 31, 2005 d average nours per e 0.5	
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	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									
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> Manzo Louis			2. Issuer Name and Ticker or Trading Symbol CAPRICOR THERAPEUTICS, INC. [CAPR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(Street)			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
BEVERLY	HILLS, CA 902	11						Form filed b Person	y More than One	e Reporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Ac	equired, Disposed	l of, or Benefi	cially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transactior(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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	05/09/2017			Code V $P(1)$	Amount 10,000	(D) A	Price \$ 3.1	(Instr. 3 and 4) 138,384	D		
Common Stock								638,155	I <u>(2)</u>	By Coniston Corporation	

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

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(9-02)

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

1. Title o Derivativ Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own 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			
Manzo Louis C/O CAPRICOR THERAPEUTICS, INC. 8840 WILSHIRE BLVD., 2ND FLOOR BEVERLY HILLS, CA 90211	Х						
Signatures							
/s/ Linda Marban, as Attorney-in-Fact	05/10/2017						
**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).
- The Reporting Person entered into a Subscription Agreement with Capricor Therapeutics, Inc. (the "Issuer") pursuant to which the
 (1) Reporting Person, on May 5, 2017 purchased an aggregate of 10,000 shares of the Issuer's common stock at a purchase price of \$3.10 per share for total cash proceeds of approximately US\$31,000.

638,155 shares of common stock of the Issuer are beneficially owned by Coniston Corporation. The equity securities of Coniston

(2) Corporation are held by the Reporting Person and irrevocable trusts for the benefit of the children of the Reporting Person of which the Reporting Person is not the trustee. The Reporting Person has sole voting power over Coniston Corporation and therefore may be deemed to have sole voting and dispositive power with respect to all securities of the Issuer beneficially owned by Coniston Corporation.

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.