Edgar Filing: AETHLON MEDICAL INC - Form 4

	MEDICAL INC									
Form 4	C 2012									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549OMB Number: Expires: Expires: Estimated av burden hours responseCheck this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).OMB Number: Expires: Estimated av Section 16(a) of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1940										
Joyce James A Symbol			LON MEDICAL INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			III/Day/Teal)				X Director 10% Owner X Officer (give title Other (specify below) below) Chairman, CEO, Secretary			
			(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN DIEGO, CA 92122					Form filed by M Person					porting
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative S	ecuriti	es Acqu	iired, Disposed of,	or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/E	n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securitie or(A) or Disp (Instr. 3, 4 Amount	osed c		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	06/26/2012			J	600,000 (1)	D	\$ 0.08	3,800,000	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)

Edgar Filing: AETHLON MEDICAL INC - Form 4

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) Disposed of (J (Instr. 3, 4, an	or D)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Stock Options (right to buy)	\$ 0.1	07/01/2013		А	2,000,000		(2)	07/01/2023	Common Stock	2,000,0

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Joyce James A 8910 UNIVERSITY CENTER LANE #660 SAN DIEGO, CA 92122		Х		Chairman, CEO, Secretary				
Signatures								
/s/ James A. Joyce	09/05/2013							

<u>**</u> Signature of	Date
Reporting 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) The 600,000 shares were pledged as collateral for a loan and have been retained and/or sold by the lender and are no longer owned by Mr. Joyce.
- (2) 500,000 options will vest on each of the first, second, third and fourth anniversaries of the date of grant.
- Also includes options to purchase 2,231,100 shares of common stock at \$0.38 per share, options to purchase 2,857,143 shares of common (3) stock at \$0.21 per share, options to purchase 2,500,000 shares of common stock at \$0.36 per share, options to purchase 4,000,000 shares
- of common stock at \$0.25 per share and unvested option to purchase 500,000 shares of common stock at \$0.25 per share.

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.