Edgar Filing: ONCOSEC MEDICAL Inc - Form 4

ONCOSEC ME	DICAL Inc											
Form 4												
November 12, 2	2014								<u></u>			
FORM 4	4 _{UNITED}	STATES	SECU	RITIFS /	AND F	ахсн	IANGE		NT.	OMB APPROVAL		
	UNITED	STATES		shington				Number:	3235-	0287		
Check this be	ЭX				,		-		Expires:	Januar	ry 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF										Estimated average		
Section 16. SECURITIES										burden hours per		
Form 4 or			~ .		~				response	•	0.5	
Form 5 obligations	^							nge Act of 1934,				
may continue <i>See</i> Instruction 1(b).	<i>.</i>			nvestmen	•	-	•	of 1935 or Secti 940	on			
(Print or Type Resp	oonses)											
1. Name and Address of Reporting Person <u>*</u> Le Mai Hope			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			ONCO	SEC ME	DICAI	L Inc	[ONCS]	(Check all applicable)				
(Last)	(First) (Middle)										
			(Month/Day/Year)					Director				
9810 SUMMERS RIDGE ROAD, SUITE 110			09/16/2014					_X_ Officer (give title Other (specify below) below) Chief Medical Officer				
		4. If Amendment, Date Original					6. Individual or	6. Individual or Joint/Group Filing(Check				
		Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person					
SAN DIEGO, O	CA 92121								More than One R			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivat	ive Sec	urities A	cquired, Disposed	of, or Beneficia	lly Owned	d	
	Transaction Date	e 2A. Deemed		3.	4. Sec	urities		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		
(Instr. 3)	Shull Duy Tour)	any	Dute, II	Code	onAcquired (A) or Disposed of (D)			Beneficially	(D) or Indirect		ıl	
		(Month/Day/Y		(Instr. 8)	(Instr.	3, 4 an	d 5)		(I) (Instr. 4)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A or		Transaction(s)				
				Code V	Amou) Price	(Instr. 3 and 4)				
Reminder: Report	on a separate lin	e for each cl	ass of sec	urities bene	ficially	owned	directly o	or indirectly.				
					infe req	ormati juired	ion cont to respo	pond to the colle ained in this form and unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amou
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Secur
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am Nur Sha
Options to purchase common stock	\$ 0.52	09/16/2014		A		1,700,000		09/16/2014 <u>(1)</u>	09/16/2024	Common Stock	1,7

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Le Mai Hope 9810 SUMMERS RIDGE ROAD SUITE 110 SAN DIEGO, CA 92121			Chief Medical Officer				
Signatures							

Mai H. Le 11/12/2014

**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).
- (1) 25% of the shares subject to the option vest on the Grant Date, with 1/36th of the remaining 75% of shares subject to the Option to (1) vest monthly thereafter.

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.