Edgar Filing: ONCOSEC MEDICAL Inc - Form 4

ONCOSEC MI	EDICAL Inc										
Form 4 August 24, 201	5										
FORM	Л									PPROVA	L
	UNITED	STATES		RITIES A			NGE	COMMISSION	N OMB Number:	3235-	0287
Check this box								Expires:	Januar	y 31, 2005	
subject to Section 16. Form 4 or							Estimated burden hou	Estimated average burden hours per response 0.			
Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940											
(Print or Type Res	sponses)										
1. Name and Add DHILLON PU	2. Issuer Name and Ticker or Trading Symbol				-	5. Relationship of Reporting Person(s) to Issuer					
	(First) (Middle)		SEC ME		nc [ON	NCS]	S] (Check all applicable)			
(Last) C/O ONCOSE	3. Date of Earliest Transaction (Month/Day/Year) 08/20/2015					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below)					
INCORPORA SUMMERS R		ITE 110						,	sident and CEC)	
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
SAN DIEGO,	CA 92121							Form filed by Person			
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securit	ties A	cquired, Disposed	of, or Beneficia	lly Owned	I
	Transaction Date Ionth/Day/Year)	Execution any	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4)	(A) or of (D) 4 and 5) (A) or		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	1
Reminder: Report	t on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned dire	ectly o	r indirectly.			
·	·				Perso inform requir	ns who nation red to r iys a ci	o res conta respo	pond to the colle ained in this form and unless the fo atly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab			curities Acc ls, warrants				Beneficially Owned ecurities)	I		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Option to Purchase Common Stock	\$ 5.67	08/20/2015		A	500,000 (1)		08/20/2015	08/20/2025	Common Stock	500,00

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
DHILLON PUNIT C/O ONCOSEC MEDICAL INCORPORATED 9810 SUMMERS RIDGE RD SUITE 110 SAN DIEGO, CA 92121		Х		President and CEO				
Signatures								
/s/ Punit Dhillon	08/21/2015							
**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) Equal monthly vesting over three years

Reporting Person

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.