Advaxis, Inc. Form 4 October 21, 2014 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction							OMB Number: Expires: Estimated a burden hour response	•			
1(b).	Responses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol Advaxis, Inc. [ADXS]				;	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check								
				(Month/Day/Year) 10/20/2014				Director 10% Owner X Officer (give title Other (specify below) below) Chief Medical Officer			
				Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PRINCETON, NJ 08540 — Form filed by More than One Reporting Person							porting				
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative So	ecuriti	ies Acqı	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any	med on Date, if Day/Year)	3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			of (D)	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	10/20/2014			Code V A	Amount 165,000 (1)	(D) A	Price \$ 0	(msi: 9 and 4) 165,000	D		
Common Stock	10/20/2014			F	29,830 (2)	D	\$ 2.88	135,170	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.

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Ownd 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							
I. S.	Director	10% Owner	Officer	Other				
Mauro David J 305 COLLEGE ROAD EAST PRINCETON, NJ 08540			Chief Medical Officer					
Signatures								
/s/ Sara Bonstein, as attorney-in-f Mauro	act for Davi	id J.	10/21/2014					
**Signature of Reporting Pe	erson		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).

Awarded as an inducement grant of restricted stock pursuant to his employment agreement dated October 20, 2014. Of these shares,
 (1) 55,000 (33%) are fully vested and not subject to forfeiture. The remaining vest in 55,000 (33%) increments on the anniversary of the grant date, such that the entire inducement award is fully vested and not subject to forfeiture on October 20, 2016.

(2) Represents shares forfeited by the reporting person in order to pay withholding taxes associated with the stock issuance.

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.