Edgar Filing: CAPRICOR THERAPEUTICS, INC. - Form 4

CAPRICOR ' Form 4 May 11, 2017	THERAPEUTIC	CS, INC.									
May 11, 2017 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or 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 Responses)							OMB APPROVAL OMB 3235-028 Number: January 31 Expires: January 31 Estimated average burden hours per response 0.3				
1. Name and Address of Reporting Person <u>*</u> Musket David B			2. Issuer Name and Ticker or Trading Symbol CAPRICOR THERAPEUTICS, INC. [CAPR]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			3. Date of Earliest Transaction (Month/Day/Year) 05/09/2017				_X_Director10% Owner Officer (give titleOther (specify below) below)				
(Street) 4. If A				f Amendment, Date Original ed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	med on Date, if Day/Year)	Code (Instr. 8)	on(A) or Dis (D) (Instr. 3, 4	and 5 (A) or	of 5)	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	05/09/2017			Code V $P(1)$	Amount 25,000	(D) A	Price \$ 3.1	25,000	D		
Common Stock								70,962	I <u>(2)</u>	By SEP FBO David B. Musket	

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 formSEC 1474
(9-02)

Edgar Filing: CAPRICOR THERAPEUTICS, INC. - Form 4

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title a Amount Underlyi Securitie (Instr. 3	of ing es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	or Title N of	lumber		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Musket David B 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 j	person, see In	struction 4(b)(v	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 25,000 shares of the Issuer's common stock at a purchase price of \$3.10 per share for total cash proceeds of approximately US\$77,500.

(2) The shares of the Issuer's common stock are held by the Reporting Person's IRA.

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.