Edgar Filing: Ocata Therapeutics, Inc. - Form 4

Ocata Therap	beutics, Inc.									
Form 4										
October 01, 2	2015									
FORM	4								-	PPROVAL
	UNITED) STATES		ITIES A hington,			NGE	COMMISSION	OMB Number:	3235-0287
Check thi if no long									Expires:	January 31,
subject to	NIA IH	MENT O	F CHAN			CIA	LOW	NERSHIP OF	Estimated a	2005 average
Section 1				SECUR	ITIES				burden hou	-
Form 4 or									response	0.5
Form 5 obligatior	• · · · ·							ge Act of 1934,		
may conti				•	•	· ·		of 1935 or Section	on	
<i>See</i> Instru 1(b).	iction	30(h)	of the Inv	vestment	Compan	y Act	t of 19	40		
(Print or Type R	Responses)									
1. Name and A LANGER R	ddress of Reporting OBERT	g Person <u>*</u>	Symbol	Name and			-	5. Relationship o Issuer	f Reporting Per	son(s) to
			Ocata II	herapeuti	cs, Inc. [UCA	IJ	(Che	ck all applicable	e)
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction					
22 LOCKE		~ ^ ~ ^	(Month/D	•				X Director Officer (give		b Owner er (specify
THERAPEU	DRIVE, C/O O ITICS_INC	CATA	09/30/20)15				below)	below)	er (speen)
	(Street)		4 If Ama	ndmant Da	ta Omininal			6 Individual on I	aint/Crown Fili	a a (Ch1-
	(Silect)			ndment, Da th/Day/Year)	-			6. Individual or J Applicable Line)	onit/Oroup rnn	iig(Check
MARLBOR	OUGH, MA 01	752	Thed(wion	ul/Day/Teal)			_X_ Form filed by	One Reporting Po More than One Ro	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned
1.Title of	2. Transaction Da	ate 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Yea	r) Execution	on Date, if		onAcquired			Securities	Form: Direct	Indirect
(Instr. 3)		any (Month/	/Day/Year)	Code (Instr. 8)	Disposed (Instr. 3,			Beneficially Owned Following	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
						(A)		Reported Transaction(s)	()	()
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	09/30/2015			А	1,250	А	<u>(1)</u>	51,000	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)

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. Transac Code (Instr. 8)	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
LANGER ROBERT 33 LOCKE DRIVE C/O OCATA THERAPEUTICS, INC. MARLBOROUGH, MA 01752	Х			
Signatures				
/s/Edward Myles, Attorney-in-Fact	10/01/20	15		
**Signature of Reporting Person	Date			
Evaluation of Doopou				

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) Issued directly to Reporting Person by Issuer representing Board of Director Compensation.

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.