Sorrento Therapeutics, Inc.

Form 4 June 08, 2015

# 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.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Janda Kim

(Last)

(City)

(Instr. 3)

2. Issuer Name and Ticker or Trading

3. Date of Earliest Transaction

Symbol

5. Relationship of Reporting Person(s) to

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

Issuer

Sorrento Therapeutics, Inc. [SRNE] (First) (Middle)

(Check all applicable)

(Month/Day/Year)

C/O SORRENTO THERAPEUTICS, 06/04/2015

X\_ Director 10% Owner Officer (give title Other (specify below)

INC., 6042 CORNERSTONE CT.

WEST, SUITE B

(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 Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SAN DIEGO, CA 92121

1. Title of 2. Transaction Date 2A. Deemed Security

(State)

(Month/Day/Year) Execution Date, if

(Month/Day/Year)

(Zip)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

Reported Transaction(s)

or (Instr. 3 and 4) Code V Amount (D) Price

(A)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 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)

3. Transaction Date 3A. Deemed 1. Title of

5. Number of

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of 8 Underlying Securities

(9-02)

Derivative Conversion

(Month/Day/Year) Execution Date, if TransactionDerivative

#### Edgar Filing: Sorrento Therapeutics, Inc. - Form 4

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)	cquired (A) r Disposed of O) nstr. 3, 4,		(Instr. 3 and 4)		(
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 13.79	06/04/2015		A	28,000	<u>(1)</u>	06/04/2025	Common Stock	28,000	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Reporting Owner Funite / Futuress	Director	10% Owner	Officer	Other		
Janda Kim C/O SORRENTO THERAPEUTICS, INC. 6042 CORNERSTONE CT. WEST, SUITE B SAN DIEGO, CA 92121	X					

## **Signatures**

/s/ Kim Janda 06/08/2015

\*\*Signature of 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) 1/12 of the original number of shares subject to this option shall vest and become exercisable following each one month of service thereafter, subject to the reporting person's continued service on the issuer's board of directors on each such date.

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.

Reporting Owners 2