

CAPRICOR THERAPEUTICS, INC.
 Form 3
 December 02, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person * Â Manzo Louis (Last) (First) (Middle) C/O CAPRICOR THERAPEUTICS, INC., Â 8840 WILSHIRE BLVD., 2ND FLOOR (Street) BEVERLY HILLS, Â CA Â 90211 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 11/20/2013	3. Issuer Name and Ticker or Trading Symbol CAPRICOR THERAPEUTICS, INC. [NLTXD]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
COMMON STOCK	638,155	I	See footnote ⁽¹⁾

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Stock Option (right to buy)	11/01/2007 ⁽²⁾	11/01/2017	COMMON STOCK	20,748	\$ 0.16	D	Â
Stock Option (right to buy)	09/25/2010 ⁽³⁾	09/25/2020	COMMON STOCK	82,994	\$ 0.37	D	Â
Stock Option (right to buy)	04/27/2012 ⁽⁴⁾	04/27/2022	COMMON STOCK	154,555	\$ 0.37	D	Â
Stock Option (right to buy)	04/27/2012 ⁽⁵⁾	04/27/2022	COMMON STOCK	124,491	\$ 0.37	D	Â
Stock Option (right to buy)	02/22/2013 ⁽⁶⁾	02/22/2023	COMMON STOCK	14,015	\$ 0.37	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Manzo Louis C/O CAPRICOR THERAPEUTICS, INC. 8840 WILSHIRE BLVD., 2ND FLOOR BEVERLY HILLS, CA 90211	Â X	Â	Â	Â

Signatures

/s/ Linda Marban, as
Attorney-in-Fact

11/30/2013

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

- 638,155 shares of common stock are beneficially owned by Coniston Corporation. Mr. Manzo is the sole owner of Coniston Corporation
- (1) and therefore is deemed to be the beneficial owner of all shares of Capricor Therapeutics, Inc. held by Coniston Corporation. Mr. Manzo is deemed to have sole voting and dispositive power with respect to the shares beneficially owned by Coniston Corporation.
 - (2) Vesting schedule is as follows: This option is deemed fully vested.
 - (3) Vesting schedule is as follows: This option is deemed fully vested.
 - (4) Vesting schedule is as follows: This option vests monthly over 48 months commencing May 1, 2012.
 - (5) Vesting schedule is as follows: This option is deemed fully vested.
 - (6) Vesting schedule is as follows: 25% of the shares of common stock subject to this option vested immediately, with the remainder vesting over 36 months commencing May 1, 2013.

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Remarks:

Exhibit 24 - Power of Attorney

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.