Edgar Filing: Ocata Therapeutics, Inc. - Form 4

| Ocata Therap | peutics, Inc. | | | | | | | | | | | |
|---------------------------------|---------------|----------------------|--|--|-------|------------|------------------------|----------------------------|--|------------------------|------------------------|--|
| Form 4 | | | | | | | | | | | | |
| April 01, 201 | .5 | | | | | | | | | | | |
| FORM | 1 4 | | | | | | | | | - | PPROVAL | |
| | UNIII | ED STATE: | | ITIES A | | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check thi | | | | | | | | | | Expires: | January 31, | |
| if no long subject to | | EMENT O | F CHAN | GES IN | BE | ENEFI | CIA | LOW | NERSHIP OF | Estimated a | 2005 average | |
| Section 1 | | | | SECUI | RIT | TIES | | | | burden hou | 0 | |
| Form 4 or | | | | | | | | | | response | • | |
| Form 5 obligatior | | ^ | | | | | | - | ge Act of 1934, | | | |
| may conti | Section | | | • | | • | | | f 1935 or Sectio | n | | |
| <i>See</i> Instru 1(b). | iction | 30(h) |) of the Inv | vestmen | t Co | ompany | / Act | of 19 | 40 | | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| Heffernan Michael Thomas Symbol | | | | ssuer Name and Ticker or Trading ool ta Therapeutics, Inc. [OCAT] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | • | | | JCA | IJ | (Check all applicable) | | | | | |
| (Last) | (First) | (Middle) | 3. Date of | | Frans | saction | | | | 100 | | |
| 33 LOCKE | DRIVE, C/O | ΟΓΛΤΛ | (Month/D 03/31/20 | • | | | | | X_ Director Officer (give | | b Owner er (specify | |
| THERAPEU | | ocmin | 03/31/20 |)15 | | | | | below) | below) | | |
| | | | 4 10 4 | 1 | | 0 1 | | | | · | | |
| | (Street) | | 4. If Amer | | | Original | | | 6. Individual or J Applicable Line) | oint/Group Filii | 1g(Check | |
| | | | Filed(Mon | ui/Day/1ea | ar) | | | | _X_ Form filed by | One Reporting Pe | erson | |
| MARLBOR | OUGH, MA | 01752 | | | | | | | Form filed by Person | More than One Re | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non- | Deri | ivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of | | Date 2A. De | | | | | | 5. Amount of | 6. Ownership | | | |
| Security (Instr. 3) | (Month/Day/Y | (ear) Executi any | tion Date, if TransactionAcquired (A Code Disposed of | | | | | Securities Beneficially | Form: Direct (D) or | Indirect Beneficial | | |
| (Instr. 5) | | • | /Day/Year) | (Instr. 8 | | (Instr. 3, | | | Owned | Indirect (I) | Ownership | |
| | | | | | | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | | | (A) | | Reported Transaction(s) | | | |
| | | | | | • • | | or | D : | (Instr. 3 and 4) | | | |
| Common | | | | Code | V | Amount | (D) | Price | | | | |
| Common Stock | 03/31/2015 | | | А | 2 | 2,500 | А | <u>(1)</u> | 23,500 | 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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | | Relations | nips | | | |
|---|----------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Heffernan Michael Thomas 33 LOCKE DRIVE C/O OCATA THERAPEUTICS, INC. MARLBOROUGH, MA 01752 | Х | | | | | |
| Signatures | | | | | | |
| /s/Edward Myles, Attorney-in-Fact | 04/01/20 | 15 | | | | |
| **Signature of Reporting Person | Date | | | | | |
| Explanation of Deenoneeee | | | | | | |

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.