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IMMUCEL	L CORP /DE/									
July 07, 201								OMB AF	PROVAL	
FORM	4 UNITED	STATES SECUI Wa				NGE C	OMMISSION	OMB	3235-0287	
Washington, D.C. 20549Check this box if no longer subject to Section 16. 								Number: January 3 Expires: 20 Estimated average burden hours per response 0		
(Print or Type	Responses)									
1. Name and A CRABB JC	Address of Reporting SEPH H	Symbol	r Name and CELL CC			0	5. Relationship of I Issuer			
(Last)	(First) (N		f Earliest Ti	ransaction	-	-	(Check	eck all applicable)		
C/O IMMU CORPORA DRIVE	ICELL TION, 56 EVER(07/07/2	Day/Year) 016				Director Officer (give t below) VP & Chie		Owner er (specify ficer	
	(Street)		endment, Da nth/Day/Year	-	al		6. Individual or Joi Applicable Line) _X_ Form filed by O	ne Reporting Per	rson	
PORTLAN	D, ME 04103						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip) Tab	le I - Non-I	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	ispose 4 and (A) or	d of (D)	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, par value \$0.10 per share	07/06/2016	07/06/2016	S	900	D	\$ 6.6	108,837	D		
Common Stock, par value \$0.10 per share	07/06/2016	07/06/2016	S	300	D	\$ 6.585	108,537	D		
	07/06/2016	07/06/2016	S	300	D	\$ 6.58	108.237	D		

Common Stock, par value \$0.10 per share								
Common Stock, par value \$0.10 per share	07/06/2016	07/06/2016	S	300	D	\$ 6.57	107,937	D
Common Stock, par value \$0.10 per share	07/06/2016	07/06/2016	S	326	D	\$ 6.5701	107,611	D
Common Stock, par value \$0.10 per share	07/06/2016	07/06/2016	S	300	D	\$ 6.59	107,311	D
Common Stock, par value \$0.10 per share	07/07/2016	07/07/2016	S	6	D	\$ 6.59	107,305	D
Common Stock, par value \$0.10 per share	07/07/2016	07/07/2016	S	200	D	\$ 6.53	107,105	D
Common Stock, par value \$0.10 per share	07/07/2016	07/07/2016	S <u>(1)</u>	59	D	\$ 6.55	107,046	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	Secu

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr.	8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Secur (Instr	tities 3 and 4)	(Instr. 5)	Bene Own Follo Repo Trans (Instr		
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
CRABB JOSEPH H C/O IMMUCELL CORPORATION 56 EVERGREEN DRIVE PORTLAND, ME 04103			VP & Chief Scientific Officer					
Signatures								
/s/Michael F Brigham Attorney-in-fact	07/0	07/2016						

**Signature of Reporting 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) The transactions reported herein have been effectuated pursuant to a plan implemented by the reporting person pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.

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.