Edgar Filing: Averback Paul - Form 4

Averback Pau	ul											
Form 4												
November 06	5, 2018											
FORM	4						~ ~ ~		OMB AF	PROVAL		
UNITED STATES SECC				RITIES AND EXCHANGE COMM ashington, D.C. 20549				OMMISSION	OMB Number:	3235-0287		
Check this if no long subject to Section 16 Form 4 or Form 5	er STAT 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5		
obligation may conti <i>See</i> Instru 1(b).	nue. Section	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 R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Averback Paul			2. Issuer Name and Ticker or Trading Symbol NYMOX PHARMACEUTICAL CORP [NYMX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O NYMOX PHARMACEUTICAL CORPORATION, 9900 CAVENDISH BLVD., SUITE 306			3. Date of Earliest Transaction (Month/Day/Year) 10/26/2018					X Director X Officer (give below)	DirectorX10% Owner Officer (give titleOther (specify below) CEO			
ST I ALIDE	(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 						
SI. LAUKE	INT, AO 1141VI							Person				
(City)	(State)	(Zip)	Table	I - Non-D	erivative Se	curitie	es Acqu	iired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executio any	-			of (D)	Securities Beneficially Owned Following	Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Restricted Common	10/26/2018			S	100,000	D	\$ 1.75	23,331,448	D			

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

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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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				
Reporting Owner Maine / Address	Director	10% Owner	Officer	Other	
Averback Paul C/O NYMOX PHARMACEUTICAL CORPORATION 9900 CAVENDISH BLVD., SUITE 306 ST. LAURENT, A8 H4M 2V2	Х	Х	CEO		

Signatures

Paul Averback 11/06/2018

<u>**</u>Signature of Reporting Person 1/00/2018

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).

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.