#### NYMOX PHARMACEUTICAL CORP

Form 4 July 29, 2016

## FORM 4

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

**OMB** 3235-0287 Number:

**OMB APPROVAL** 

Check this box if no longer subject to Section 16. Form 4 or

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

January 31, Expires: 2005 Estimated average

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

burden hours per response... 0.5

may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

Form 5

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Robinson James George

2. Issuer Name and Ticker or Trading

Symbol

5. Relationship of Reporting Person(s) to Issuer

NYMOX PHARMACEUTICAL

CORP [NYMX]

(Check all applicable)

(First) 10 EAST LEE STREET, SUITE

(Middle)

2705

(Last)

3. Date of Earliest Transaction

(Month/Day/Year) 07/25/2016

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

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

BALTIMORE, MD 21202

(City)	(State) (Zi	p) Table 1	I - Non-De	rivative So	ecuriti	ies Acqu	ired, Disposed of	f, 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)	Code (Instr. 8)	4. Securion(A) or D (D) (Instr. 3,	4 and (A) or	d of 5)	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	07/25/2016	07/25/2016	Code V P	Amount 2,500	(D)	Price \$ 4.02	2,880,050	D	
COMMON STOCK							45,050	I	TRUST
COMMON STOCK	07/26/2016	07/26/2016	P	2,500	A	\$ 4.1	2,882,550	D	
COMMON STOCK							45,050	I	TRUST
COMMON STOCK	07/26/2016	07/26/2016	P	2,500	A	\$ 4.03	2,885,050	D	

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COMMON STOCK							45,050	I	TRUST
COMMON STOCK	07/27/2016	07/27/2016	P	2,500	A	\$ 3.98	2,887,550	D	
COMMON STOCK							45,050	I	TRUST
COMMON STOCK	07/28/2016	07/28/2016	P	2,500	A	\$ 3.89	2,890,050	D	
COMMON STOCK							45,050	I	TRUST
COMMON STOCK	07/28/2016	07/28/2016	P	2,500	A	\$ 3.8	2,892,550	D	
COMMON STOCK							45,050	I	TRUST
COMMON STOCK	07/28/2016	07/28/2016	P	2,500	A	\$ 3.7	2,895,050	D	
COMMON STOCK							45,050	I	TRUST
COMMON STOCK	07/29/2016	07/29/2016	P	2,500	A	\$ 3.63	2,897,550	D	
COMMON STOCK							45,050	I	TRUST
COMMON STOCK	07/29/2016	07/29/2016	P	2,500	A	\$ 3.62	2,900,050	D	
COMMON STOCK							45,050	I	TRUST

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.

SEC 1474

(9-02)

 $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$ 

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. Transaction Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or	3	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo
	Security								
					Disposed				Trans
					of (D)				(Instr
					(Instr. 3,				

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4, and 5)

Date Expiration Title Code V (A) (D)

Exercisable Date Title Of Shares

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Robinson James George 10 EAST LEE STREET SUITE 2705 BALTIMORE, MD 21202	X						

# **Signatures**

JAMES GEORGE ROBINSON 07/29/2016

\*\*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).

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.

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