JOSEPH THOMIS Form 4

April 18, 2018

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or Form 5

obligations

STATEMENT OF CHANGES IN 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

may continue. See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

JOSEPH THOMIS

(Last) (First)

(Middle)

(Zip)

2711 CITRUS ROAD

(Street)

2. Issuer Name and Ticker or Trading

Symbol

CESCA THERAPEUTICS INC. [KOOL]

3. Date of Earliest Transaction (Month/Day/Year)

04/16/2018

Filed(Month/Day/Year)

3.

4. If Amendment, Date Original

Form filed by More than One Reporting Person

5. Amount of

Securities

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

_X__ Director

Applicable Line)

Officer (give title

RANCHO CORDOVA, CA 95742 (State)

2. Transaction Date 2A. Deemed 1.Title of

(City)

Security

(Instr. 3)

(Month/Day/Year)

Execution Date, if

(Month/Day/Year)

TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

(A)

or

4. Securities

Beneficially Owned Following Reported

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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 Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8 **Underlying Securities** (Instr. 3 and 4)

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3235-0287

January 31,

2005

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Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

6. Ownership

Form: Direct

(D) or Indirect Beneficial

X Form filed by One Reporting Person

(I)

(Instr. 4)

(Check all applicable)

10% Owner

Other (specify

7. Nature of

Ownership

(9-02)

(Instr. 4)

Indirect

Estimated average

burden hours per

1

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year) (Instr.		(Instr. 8)	(I (I	•	ed (A) cosed of 3, 4,				
				Code V	V (1	A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 3	04/16/2018		D		3	4,000	<u>(1)</u>	12/31/2028	Common Stock	34,000

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

JOSEPH THOMIS
2711 CITRUS ROAD X
RANCHO CORDOVA, CA 95742

Signatures

/s/ Joseph Thomis 04/18/2018

**Signature of Date
Reporting Person

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).
- The option vests in two (2) installments. 13,500 shares on December 31, 2018 and 6,500 shares on December 31, 2019. Under the terms of the award agreement, no portion of the option may be exercised unless and until the stockholders of the Company approve the November 2017 amendment to our 2016 Equity Incentive Plan and only if such amendment is approved by the stockholders within one year of the adoption of the amendment.
- (2) 34,000 shares of the stock options were cancelled by mutual agreement of the reporting person and Cesca Therapeutics Inc. The reporting person received no cash consideration for the cancellation.

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.

Reporting Owners 2