AETHLON MEDICAL INC

Form 4 July 30, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

OMB APPROVAL

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue.

See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Shah Chetan

2. Issuer Name and Ticker or Trading Symbol

AETHLON MEDICAL INC [AEMD]

(Last)

(Middle)

3. Date of Earliest Transaction

07/24/2014

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

(Month/Day/Year)

X_ Director Officer (give title

10% Owner Other (specify

8910 UNIVERSITY CENTER LANE, SUITE 660

(Street)

(State)

(First)

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

Person

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

SAN DIEGO, CA 92122

(City)

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) (Instr. 3)

Execution Date, if (Month/Day/Year)

(Zip)

3. 4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

Securities Owned **Following** Reported

5. Amount of 6. Ownership Beneficially Form: Direct (D) or Indirect (I)

7. Nature of Indirect Beneficial Ownership (Instr. 4)

(A) or Code V Amount

Transaction(s) (Instr. 3 and 4) (D) Price

(Instr. 4)

Common Stock

07/24/2014

2,503,966 A

0.088

11,253,966 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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: AETHLON MEDICAL INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	5. Number of Derivative ctionSecurities Acquired (A) or Disposed of (D) 8) (Instr. 3, 4, and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an Underlyin (Instr. 3 a
	Security							Date Exercisable	Expiration Date	Title
10% Convertible Note	\$ 0.088	07/24/2014		Code D	V	(A)	(D) 220,349	07/01/2014	<u>(1)</u>	Commo Stock
Common Stock Purchase Warrant	\$ 0.132	07/24/2014		A	1	1,251,983		07/24/2014	07/24/2021	Commo Stock

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Shah Chetan 8910 UNIVERSITY CENTER LANE SUITE 660 SAN DIEGO, CA 92122	X					
Signatures						

/s/ Chetan S. 07/28/2014 Shah **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).
- (1) Not applicable.
- In addition to the shares of Common Stock issued upon conversion of the note, Dr. Shah received a warrant to purchase up to 1,251,983 shares of Common Stock at an exercise price of \$0.132 per share.
- Also includes warrants to purchase Common Stock as follows: 937,500 shares at \$0.125 per share, 1,111,111 shares at \$0.108 per share, (3) 534,723 shares at \$0.12 per share, 666,667 shares at \$0.093 per share, 333,333 shares at \$0.096 per share, 333,333 shares at \$0.115 per share and 333,333 shares at \$0.121 per share.

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