Sorrento Therapeutics, Inc.

Form 4 June 08, 2015

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

2. Issuer Name and Ticker or Trading

Sorrento Therapeutics, Inc. [SRNE]

3. Date of Earliest Transaction

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction

**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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Deming David H

(Last) (Middle) (First)

(Month/Day/Year) C/O SORRENTO THERAPEUTICS, 06/04/2015

INC.,, 6042 CORNERSTONE CT. WEST, SUITE B

(Street) 4. If Amendment, Date Original

Symbol

Filed(Month/Day/Year)

SAN DIEGO, CA 92121

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

**OMB APPROVAL** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

X\_ Director 10% Owner

Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

(City) (State) (Zip)

1. Title of

Security

(Instr. 3)

2. Transaction Date 2A. Deemed

3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or

Code (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)

Disposed of (D)

(A)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

Reported Transaction(s)

or (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.

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)

1. Title of Derivative Conversion 3. Transaction Date 3A. Deemed

5. Number of (Month/Day/Year) Execution Date, if TransactionDerivative

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of 8 Underlying Securities

#### Edgar Filing: Sorrento Therapeutics, Inc. - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	ed (A) posed of		(Instr. 3 and 4)		(
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 13.79	06/04/2015		A	36,000	<u>(1)</u>	06/04/2025	Common Stock	36,000	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Reporting Owner Maine / Address	Director	10% Owner	Officer	Other		
Deming David H C/O SORRENTO THERAPEUTICS, INC., 6042 CORNERSTONE CT. WEST, SUITE B SAN DIEGO, CA 92121	X					

### **Signatures**

/s/ David
Deming

\*\*Signature of Reporting Person

O6/08/2015

# **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) 1/12 of the original number of shares subject to this option shall vest and become exercisable following each one month of service thereafter, subject to the reporting person's continued service on the issuer's board of directors on each such date.

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