

AmpliPhi Biosciences Corp
 Form 3/A
 April 12, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â COOK JEREMY CURNOCK		(Month/Day/Year)	AmpliPhi Biosciences Corp [APHB]	
(Last)	(First)	(Middle)	02/18/2014	
C/O AMPLIPHI BIOSCIENCES CORPORATION,Â 3579 VALLEY CENTRE DRIVE, SUITE 100			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	02/18/2014
SAN DIEGO,Â CAÂ 92130			<input checked="" type="checkbox"/> Director	
(City)	(State)	(Zip)	<input type="checkbox"/> 10% Owner	
			<input type="checkbox"/> Officer	
			<input type="checkbox"/> Other	
			(give title below)	(specify below)
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	120,000	I	See Footnote ⁽¹⁾

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Series B Convertible Preferred Stock	Â (2)	Â (2)	Common Stock	142,857	\$ (2)	I	See Footnote (1)
Warrant to Purchase Common Stock	Â (3)	06/26/2018	Common Stock	35,714	\$ 7	I	See Footnote (4)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
COOK JEREMY CURNOCK C/O AMPLIPHI BIOSCIENCES CORPORATION 3579 VALLEY CENTRE DRIVE, SUITE 100 SAN DIEGO, CA 92130	Â X	Â	Â	Â

Signatures

/s/ Jeremy Curnock Cook 04/12/2016

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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 shares are held by One Funds Management Limited as Trustee for Asia Pacific Healthcare Fund II ("One Funds Management"). The
- (1) Reporting Person may be deemed to have shared voting and dispositive power over the shares beneficially owned by One Funds Management but disclaims such beneficial ownership, except to the extent of his pecuniary interest therein, if any.
 - (2) The Series B Convertible Preferred Stock has no expiration date and is convertible at any time at the option of the holder at a conversion ratio of one share of Common Stock for every 5 shares of Series B Convertible Preferred Stock, for no additional consideration.
 - (3) The warrant is exercisable at any time at the option of the holder.
 - (4) The warrant is held by Phillip Asset Management. The Reporting Person disclaims beneficial ownership of such securities, except to the extent of his pecuniary interest therein, if any.

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.