Edgar Filing: Ocata Therapeutics, Inc. - Form 4

Ocata Therap	peutics, Inc.										
Form 4											
July 02, 2015	5										
FORM	14									-	PPROVAL
	UNIII	ED STATE:		ITIES hingtor				NGE (COMMISSION	OMB Number:	3235-0287
Check thi if no long subject to Section 1 Form 4 or Form 5	ger STA1 6. r			SECU	RITI	ES			NERSHIP OF ge Act of 1934,	Expires: Estimated a burden hou response	irs per
obligation may cont <i>See</i> Instru 1(b).	ns Section	17(a) of the		ility Ho	olding	Com	pany	Act o	f 1935 or Sectio	n	
(Print or Type F	Responses)										
1. Name and A LOSHITZE	ddress of Repor	ting Person <u>*</u>	2. Issuer Symbol Ocata T	Name an herapeu					5. Relationship o Issuer	f Reporting Per	
(Last) 33 LOCKE THERAPEU	(First) DRIVE, C/O	(Middle)	3. Date of (Month/D 06/30/20	ay/Year)	Transa	ction			X_ Director Officer (give below)	10%	b Owner er (specify
THERA LC	(Street)		4. If Amer Filed(Mon			riginal			6. Individual or J Applicable Line) _X_ Form filed by	-	-
MARLBOR	OUGH, MA	01752							Form filed by I Person		
(City)	(State)	(Zip)	Table	e I - Non-	-Deriva	ative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	any	emed ion Date, if /Day/Year)	3. Transac Code (Instr. 8 Code	ctionAc Di 3) (In	sposed 1str. 3, 4	(A) o of (D)	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	06/30/2015			А		250	A	<u>(1)</u>	19,334	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Transact Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
LOSHITZER ZOHAR 33 LOCKE DRIVE C/O OCATA THERAPEUTICS, INC. MARLBOROUGH, MA 01752	Х			
Signatures				
/s/Edward Myles, Attorney-in-Fact	07/02/20	15		
**Signature of Reporting Person	Date			
Explanation of Respon	neoe.			

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) Issued directly to Reporting Person by Issuer representing Board of Director Compensation.

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.