Edgar Filing: Ocata Therapeutics, Inc. - Form 4

Ocata Therap	peutics, Inc.										
Form 4											
October 01, 2	2015										
FORM	14										PPROVAL
	UNITED	STATES		ITIES A hington,				NGE (COMMISSION	OMB Number:	3235-0287
Check thi if no long										Expires:	January 31,
subject to		MENT O	F CHAN	GES IN	BEN	NEFI	CIAI	LOW	NERSHIP OF	Estimated a	2005 average
Section 1				SECUR	RITI	ES				burden hou	
Form 4 or	-				_		_			response	•
Form 5 obligatior	^							-	ge Act of 1934,		
may conti	Section 17			•	-				f 1935 or Sectio	n	
<i>See</i> Instru 1(b).	action	30(h)) of the Inv	vestment	Cor	npany	/ Act	of 19	40		
(Print or Type R	Responses)										
1. Name and A LOSHITZE	ddress of Reporting	g Person <u>*</u>	Symbol	Name and				-	5. Relationship of Issuer	f Reporting Per	son(s) to
			Ocata II	herapeut	ics, i	inc. [C	JCA	1]	(Cheo	ck all applicable	e)
(Last)	(First)	(Middle)		Earliest T	ransa	ction					
22 LOCKE	DRIVE, C/O O	~^~	(Month/D	•					X_ Director Officer (give		6 Owner er (specify
THERAPEU		CAIA	09/30/20)15					below)	below)	
	(Street)		4. If Amer	ndment, Da	ate Oi	riginal			6. Individual or J	oint/Group Fili	ng(Check
			Filed(Mon	th/Day/Year	r)				Applicable Line)		
MARLBOR	OUGH, MA 01	752							_X_ Form filed by M Form filed by M Person	One Reporting Po More than One Ro	
(City)	(State)	(Zip)	Table	e I - Non-I	Deriv	ative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned
1.Title of	2. Transaction Da			3.		Securit			5. Amount of	1	7. Nature of
Security (Instr. 3)	(Month/Day/Year		on Date, if	Transact: Code		equired sposed			Securities	Form: Direct (D) or	Indirect Beneficial
(11150. 5)		any (Month	/Day/Year)	(Instr. 8)		isposed istr. 3, 4			Beneficially Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
							(A)		Reported Transaction(s)		
				Code V	/ Ar	mount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	09/30/2015			А	1,	250	А	<u>(1)</u>	20,584	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. Transac Code (Instr. 8)	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	V (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	10/01/20	15		
**Signature of Reporting Person	Date			
Explanation of Poopo	20001			

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.