Edgar Filing: IMMUNOMEDICS INC - Form 4

IMMUNOM	EDICS INC										
Form 4											
September 1	0, 2013										
FORM	14		a an an						-	PPROVAL	
	UNITE	DSTATE		shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th	Ter								Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWN				NERSHIP OF		imated average	
Section 16.				SECUR	ITIES				burden hou	ours per	
Form 4 o Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange A						A (C1024	response 0.5			
obligatio	^						•	e Act of 1934, 1935 or Section	n		
may cont	inue.) of the In	•	•				11		
See Instru 1(b).	uction	50(II)) of the m	vestment	company	y Act	01174	-0			
1(0).											
(Print or Type I	Responses)										
		_ *									
1. Name and A Stark Don C	Address of Reportin	ng Person _		ssuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Sym						TN <i>4</i> N <i>4</i>	רדד	135001			
			IMMUN	NOMEDI	CS INC [IMIM	UJ	(Check all applicable)			
(Last)	(First)	(Middle)		Earliest Tra	ansaction					-	
	NOMEDICS, I	NC 300	(Month/D 09/09/20	-				X_ Director Officer (give		Owner er (specify	
	RICAN ROAD	INC, 500	09/09/20	515				below)	below)		
1112 / 11/121	(Street)		1 If Ama	ndmant Da	ta Omininal			6 Individual on Ia	int/Crown Filin	c (Charle	
				ndment, Da hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 neu(mon	illi/Day/Tear))			_X_Form filed by C	One Reporting Pe	rson	
MORRIS P	LAINS, NJ 079	950						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	emed	3.	4. Securit			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	/	on Date, if		on(A) or Dis	-		Securities	Form: Direct		
(Instr. 3)		any (Month/	/Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		X						Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Commor				Code V	Amount	(D)	Price	(
Common Stock	09/09/2013			М	10,000	А	\$ 3.26	32,000	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)

Reporting Owners

Edgar Filing: IMMUNOMEDICS INC - Form 4

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. Transactio Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 3.26	09/09/2013		М		10,000	01/10/2005	01/10/2015	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
Stark Don C C/O IMMUNOMEDICS, INC 300 THE AMERICAN ROAD MORRIS PLAINS, NJ 07950	Х			
Signatures				
/s/ Cynthia L. Sullivan as attorney-in-fact		09/10/	2013	
**Signature of Reporting Person		Date	e	
Evalenction of De				

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).

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.