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Stark Don C												
Form 4												
December 07	, 2012											
FORM	4									-	PPROVAL	
	UNIL	D STATES				ND EX(D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287	
Subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES 16(a) of the Securities Exchange Act of 1934						Expires: January 31, 2005 Estimated average burden hours per response 0.5		
obligation may conti <i>See</i> Instru 1(b).	nue. Section 1	7(a) of the		ility Ho	oldi	ing Com	pany	Act o	f 1935 or Sectio	n		
(Print or Type R	esponses)											
Stark Don C Symbo			Symbol	2. Issuer Name and Ticker or Trading ymbol MMUNOMEDICS INC [IMMU]				-	5. Relationship of Reporting Person(s) to Issuer			
				3. Date of Earliest Transaction					(Check all applicable)			
(Last) C/O IMMUN AMERICAN	(First) NOMEDICS, 1 NROAD	(Middle)	3. Date of (Month/Da 12/05/20	ay/Year)		nsaction			X Director Officer (give below)		6 Owner er (specify	
	Filed(Month/Day/Year) Applicable Line)				int/Group Filing(Check Dne Reporting Person							
MORRIS PL	AINS, NJ 079	950								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executi any	emed on Date, if /Day/Year)	3. Transa Code (Instr. 4		4. Securi nAcquirec Disposec (Instr. 3,	l (A) c l 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	12/05/2012			Code M	V	Amount 5,000	(D) A	Price (<u>1)</u>		D		

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

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

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

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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)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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
Restricted Stock Unit	(2)	12/05/2012		A	14,950	(2)	<u>(2)</u>	Common Stock, par value \$0.01 per share	14,950
Stock Options (right to buy)	\$ 3.01	12/05/2012		A	25,600	(3)	12/05/2019	Common Stock, par value \$0.01 per share	25,600

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Stark Don C C/O IMMUNOMEDICS, INC. 300 AMERICAN ROAD MORRIS PLAINS, NJ 07950	Х						
Signatures							
/s/ Cynthia L. Sullivan Attorney-In-Fact	12/07/2012						

<u>**</u>Signature of Reporting Person

Date

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).
- Delivery of common stock upon vesting of restricted stock units granted on 12/7/11, which vested on the earlier of (i) the reporting
 (1) person's completion of one year of service as a non-employee director from the date of grant, or (ii) the reporting person's continuation in service through the day immediately preceding the next annual stockholders meeting following the grant date.

Each restricted stock unit represents a contingent right to receive one share of immunomedics, Inc. common stock. The restricted stock(2) units shall vest upon the earlier of (i) the reporting person's completion of one year of service as a non-employee director from the date of grant, or (ii) the reporting person's continuation in service through the day immediately following the date of grant.

(3) The stock options are fully vested on the date of grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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