Edgar Filing: Levine Mitchell S - Form 4

Levine Mit Form 4											
March 18, 2	ЛЛ								OMB A	.PPROVA	L
	UNITED	STATES					GE COMMISSI	[ON	OMB Number:	3235-0	0287
if no lo subject Section Form 4 Form 5 obligati may co	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction See Instruction Section 17(a) of the Investment Company Act of 1940 Section 17(a) of the Investment Company Act of 1940 Section 17(a) of the Investment Company Act of 1940 Section 17(a) of the Investment Company Act of 1940							y 31, 2005 0.5			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Levine Mitchell S			2. Issuer Name and Ticker or Trading Symbol OncoCyte Corp [OCX]			Issuer					
(Last) (First) (Middle) 1010 ATLANTIC AVE, SUITE 102			3. Date of Earliest Transaction (Month/Day/Year) 03/14/2019			Directo X Officer below)	(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Chief Financial Officer				
(Street) ALAMEDA, CA 94501			4. If Amendment, Date Original Filed(Month/Day/Year)			Applicable Lir _X_ Form file Form filec	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
(City)	(State)	(Zip)	Tah	de I - Non-l	Derivati	ve Securitie	Person es Acquired, Dispos	ed of	or Beneficia	llv Owned	4
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	d Date, if	3.4. Securitiesvate, ifTransactionAcquired (A) or CodeCodeDisposed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Fo (E (I)	Ownership orm: Direct)) or Indirect	7. Nature Indirect	of Il	
Reminder: Re	eport on a separate lin	e for each cla	ss of sec	urities bene	Pers info requ	sons who rmation co uired to rea	tly or indirectly. respond to the co ontained in this fo spond unless the rrently valid OMB	orm a form	ire not 1	SEC 1474 (9-02)	

number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Option to Purchase Common Stock	\$ 3.52	03/14/2019		A	245,000		<u>(1)</u>	03/13/2019	Common Stock	245,00
Restricted Stock Units	<u>(2)</u>	03/14/2019		А	20,000		(3)	<u>(3)</u>	Common Stock	20,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Levine Mitchell S 1010 ATLANTIC AVE, SUITE 102 ALAMEDA, CA 94501			Chief Financial Officer			
Signatures						

Signatures

/s/Mitchell S. Levine	03/18/2019		
<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).
- One quarter of the options shall vest upon the completion of one year of continuous service from the date of grant on March 14, 2019 and (1) the balance shall vest in 36 equal monthly installments commencing on the first anniversary of the date of grant, based on continuous service on the applicable vesting date.
- Grant of restricted stock units under the OncoCye 2018 Equity Incentive Plan. Each restricted stock unit represents a contingent right to (2)receive one share of Common Stock.
- (3) The restricted stock units shall vest upon the completion of one year of continuous service from 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. 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.