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IMMUNOMEDICS INC

Form 3

March 23, 2017

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB

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OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person *

A Aghazadeh Behzad

(Last)

(First)

(Middle)

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Statement

(Month/Day/Year)

03/13/2017

4. Relationship of Reporting

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O VENBIO SELECT ADVISOR LLC, 120 W. 45TH STREET, 28TH FLOOR

(Street)

(Check all applicable) 10% Owner _X_ Director

IMMUNOMEDICS INC [IMMU]

Officer Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting

Person

X Form filed by More than One

Reporting Person

NEW YORK. NYÂ 10036

(City) (State) (Zip)

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership Form:

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Direct (D) or Indirect (I)

(Instr. 5)

Common Stock, \$0.01 par value per share

(the "Common Stock")

10,488,076

Ι

See footnotes (1) (2)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security**

Conversion or Exercise

Ownership Form of

6. Nature of Indirect Beneficial Ownership

(Instr. 5)

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(Instr. 4) Price of Derivative Derivative Security: Date **Expiration Title** Amount or Security Direct (D) Exercisable Number of or Indirect Shares (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Aghazadeh Behzad C/O VENBIO SELECT ADVISOR LLC 120 W. 45TH STREET, 28TH FLOOR NEW YORK, NY 10036	ÂX	Â	Â	Â
venBio Select Advisor LLC 120 WEST 45TH STREET SUITE 2802 NEW YORK, NY 10036	ÂX	Â	Â	Â

Signatures

venBio Select Advisor LLC, by: /s/ Scott Epstein, its Chief Financial Officer & Chief 03/23/2017 Compliance Officer Signature of Reporting Person Date /s/ Behzad Aghazadeh

03/23/2017

**Signature of Reporting Person Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 5(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).
- The securities reported herein are held on behalf of accounts managed by venBio Select Advisor LLC, a Delaware limited liability company (the "Investment Manager") and venBio Select Fund LLC, a Delaware limited liability company, a fund managed by the **(1)** Investment Manager. Behzad Aghazadeh ("Dr. Aghazadeh," and together with the Investment Manager, the "Reporting Persons") serves as the portfolio manager and controlling person of the Investment Manager.
- The filing of this statement shall not be deemed an admission that either of the Reporting Persons is the beneficial owner of the securities reported herein for purposes of Section 16 of the Securities Act of 1934, as amended, or otherwise. Each of the Reporting **(2)** Persons expressly disclaims beneficial ownership of the securities reported herein except to the extent of its or his pecuniary interest

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The Investment Manager may be deemed to be a director by deputization of Immunomedics, Inc. (t 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.

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