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IMMUCELL	CORP /DE/											
Form 4												
March 21, 20)17											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							r	OMB APPROVAL			
		DSIALES		hington,			NGE (OMB Number:	3235-0287		
Check thi	s box		vv as	inington,	D.C. 20.	547				January 31,		
if no long		EMENT O	F CHAN	GES IN F	GES IN BENEFICIAL OWNER				Expires. 2005			
subject to				SECURITIES						Estimated average		
Form 4 or				SECONTIES					burden hours per response 0.5			
Form 5	Filed r	oursuant to S	Section 16	b(a) of the	Securit	ies E	xchang	e Act of 1934,	103001130	0.0		
obligation	¹⁸ Section 1						•	f 1935 or Sectio	n			
may conti See Instru	inue.		of the Inv	•	•							
1(b).	louon					-						
(Print or Type R	Responses)											
1 NT 1 A	11 CD (D *						5 D L (* 1* 1				
				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
5 Sym			-					(Check all applicable)				
			IMMUCELL CORP /DE/ [ICCC]				C]					
(Last)	(First)	(Middle)		Earliest Tra	insaction							
			-	Day/Year)			Director 10% Owner Officer (give title Other (specify					
C/O IMMUCELL 03/17/20 CORPORATION, 56 EVERGREEN			2017				below) below)					
DRIVE	1100, 30 EVE	KUKEEN						Pre	sident & CEO			
DRIVE												
				. If Amendment, Date Original iled(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
			Filed(Mon									
PORTLANI	D, ME 04103							Form filed by M	More than One Re			
I OICI LA II (I	, ML 04105							Person				
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ities Acc	uired, Disposed o	f, or Beneficial	ly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye	ear) Execution	on Date, if Transaction(A) or Disposed of				d of	Securities	Form: Direct	Indirect		
(Instr. 3)		Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	,	· /	Beneficial Ownership			
		(Monul/	Day/Teal)	(11150. 0)	(11150.5,	4 ани	3)	Owned Following	Indirect (I) (Instr. 4)	(Instr. 4)		
						(1)		Reported	~ /			
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common												
Stock, par	03/17/2017			М	1,000	А	\$	157,252	D			
value \$0.10	05/1//2017			141	1,000	11	5.25	107,202	D			
per share												

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)

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. Transacti Code (Instr. 8)	5. Number on f Derivative 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)1((
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Options (Right to buy)	\$ 5.25	03/17/2017	03/17/2017	М	1,000	03/19/2010	03/19/2017	Common Stock	1,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
r	Director	10% Owner	Officer President & CEO	Other			
BRIGHAM MICHAEL F							
C/O IMMUCELL CORPORATION			President				
56 EVERGREEN DRIVE			& CEO				
PORTLAND, ME 04103							
Signatures							

Jignatui

/s/Michael F 03/21/2017 Brigham **Signature of Date Reporting Person

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.