ONCOSEC MEDICAL Inc

Form 4 March 08, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

See Instruction 1(b).

obligations

may continue.

Form 5

(Print or Type Responses)

1. Name and Address of Reporting Person * **DHILLON PUNIT**

2. Issuer Name and Ticker or Trading Symbol

ONCOSEC MEDICAL Inc [ONCS]

Issuer

(Check all applicable)

President and CEO

OMB

Number:

Expires:

response...

Estimated average

burden hours per

(Last)

(City)

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year) 03/04/2016

_X__ Director 10% Owner

5. Relationship of Reporting Person(s) to

X_ Officer (give title below)

Other (specify

OMB APPROVAL

3235-0287

January 31,

2005

0.5

C/O ONCOSEC MEDICAL **INCORPORATED, 5820 NANCY** RIDGE DRIVE

(Street)

(State)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SAN DIEGO, CA 92121

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

(A) Transaction(s) or

(Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

1. Title of Derivative Conversion 3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

5. Number of TransactionDerivative

6. Date Exercisable and Expiration Date

7. Title and Am Underlying Sec

Edgar Filing: ONCOSEC MEDICAL Inc - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		:)	(Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title A
Option to Purchase Common Stock	\$ 2.02	03/04/2016		A	100,000	03/04/2016(1)	03/04/2026	Common Stock
Restricted Stock Units	(2)	03/04/2016		A	125,000	03/04/2019(3)	03/04/2019(3)	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting owner rune, radices	Director	10% Owner	Officer	Other		
DHILLON PUNIT C/O ONCOSEC MEDICAL INCORPORATED 5820 NANCY RIDGE DRIVE SAN DIEGO, CA 92121	X		President and CEO			

Signatures

***/s/ Sheela Mohan-Peterson, Attorney-in-fact for Punit
Dhillon

**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).
- (1) Equal monthly vesting over one year.
- (2) Each restricted stock unit represents the contingent right to receive one share of common stock upon vesting of the unit.
- (3) 100% of the restricted stock units are scheduled to vest on March 4, 2019, assuming continued employment and/or service through the applicable vesting date.

Remarks:

***Exhibit List: Exhibit No. 24 - Limited Power of Attorney for Section 13 and Section 16 Filings - CE

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.

Reporting Owners 2