

INOVIO PHARMACEUTICALS, INC.

Form 25

September 12, 2014

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

**FORM 25**

**NOTIFICATION OF REMOVAL FROM LISTING**  
**AND/OR REGISTRATION UNDER SECTION 12(b)**  
**OF THE SECURITIES EXCHANGE ACT OF 1934.**

**Commission File Number 001 - 14888**

**INOVIO PHARMACEUTICALS, INC., NYSE MKT**

**(Exact name of Issuer as specified in its charter, and name of Exchange where security is listed and/or registered)**

**660 W. GERMANTOWN PIKE, SUITE 110**

**PLYMOUTH MEETING, PA 19462, (267)440-4200**

**(Address, including zip code, and telephone number, including area code, of Issuer's principal executive offices)**

**COMMON STOCK, \$0.001 PAR VALUE**

**(Description of class of securities)**

Please place an X in the box to designate the rule provision relied upon to strike the class of securities from listing and registration:

- 17 CFR 240.12d2-2(a)(1)
- 17 CFR 240.12d2-2(a)(2)
- 17 CFR 240.12d2-2(a)(3)
- 17 CFR 240.12d2-2(a)(4)
- Pursuant to 17 CFR 240.12d2-2(b), the Exchange has complied with its rules to strike the class of securities from listing and/or withdraw registration on the Exchange.<sup>1</sup>
- Pursuant to 17 CFR 240.12d2-2(c), the Issuer has complied with the rules of the Exchange and the requirements of 17 CFR 240.12d2-2(c) governing the voluntary withdrawal of the class of securities from listing and registration on the Exchange.

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Pursuant to the requirements of the Securities Exchange Act of 1934, Inovio Pharmaceuticals, Inc. (Name of Issuer or Exchange) certifies that it has reasonable grounds to believe that it meets all of the requirements for filing the Form 25 and has caused this notification to be signed on its behalf by the undersigned duly authorized person.

September 12, 2014  
**Date**

By /s/ Peter Kies  
**Name**

Chief Financial Officer  
**Title**

<sup>1</sup> Form 25 and attached Notice will be considered in compliance with the provisions of 17 CFR 240.19d-1 as applicable. See General Instructions.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**