Edgar Filing: Sorrento Therapeutics, Inc. - Form 4

Sorrento The Form 4 February 03	erapeutics, Inc. 2017								
OMB APPROVAL									
	UNITED STAT	ES SECURITIES AN Washington, 1		IGE C	OMMISSION	OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 c	ser STATEMENT 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(c) Form 5 obligations Mage (Company Act of 1935) Section 17(a) of the Public Utility Holding Company Act of 1940 30(h) of the Investment Company Act of 1940 (Company Act of 1940) (Company Act of 1940)									
(Print or Type I	Responses)								
1. Name and A ZELDIS JE	Address of Reporting Person <u>*</u> ROME B	2. Issuer Name and Symbol Sorrento Therapeu			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	3. Date of Earliest Tra	_	-	(Chec	k all applicable	:)		
	ENTO THERAPEUTIC JUDICIAL DRIVE	(Month/Day/Year)			below)	C Officer (give title Other (specify			
	(Street)	4. If Amendment, Dat Filed(Month/Day/Year)	Amendment, Date Original Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN DIEGO, CA 92121 Form filed by More than One Reporting Person									
(City)	(State) (Zip)	Table I - Non-De	erivative Securit	ies Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. D (Month/Day/Year) Exect any (Mon	eemed 3.	4. Securities Acc n(A) or Disposed (Instr. 3, 4 and 5 (A) or Amount (D)	quired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common Stock	02/03/2017	Р	10,000 A	\$ 5.15	10,000	D			

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

De Se	Title of erivative ecurity nstr. 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. Transac Code (Instr. 8	 5. ctionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 	5	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	
					Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
ZELDIS JEROME B C/O SORRENTO THERAPEUTICS, INC. 9380 JUDICIAL DRIVE SAN DIEGO, CA 92121			See Remarks				
Signatures							
/s/ Henry Ji, Ph.D., as Attorney-in-Fact	02/03/20	017					
**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).

Remarks:

Chief Medical Officer and President of Clinical Development

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.