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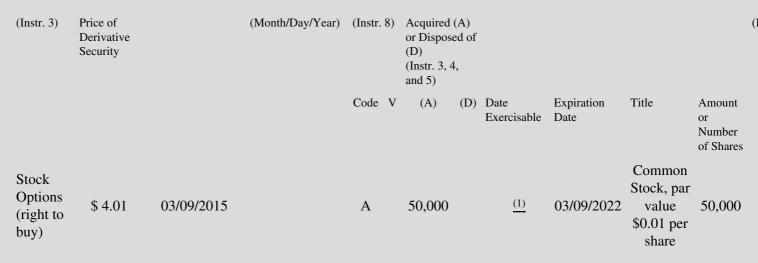
IMMUNOMED	DICS INC								
Form 4 Marab 11 2015									
March 11, 2015 FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549						E COMMISSION	N OMB Number:	3235-0287	
Check this be if no longer subject to Section 16.		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							January 31, 2005 average urs per
Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b).	e. Section 17(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 Resp	ponses)								
1. Name and Address of Reporting Person <u>*</u> PFREUNDSCHUH PETER P.			2. Issuer Name and Ticker or Trading Symbol IMMUNOMEDICS INC [IMMU]				5. Relationship of Reporting Person(s) to Issuer		
							(Check all applicable)		
(Last) C/O IMMUNC THE AMERIC	MEDICS, IN	Middle) C., 300		of Earliest T Day/Year) 2015	ransaction	1	Director X Officer (giv below) Chief		% Owner ner (specify cer
(Street)			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			
MORRIS PLA	INS, NJ 0795	0					Form filed by Person	More than One R	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivativ	e Securities	Acquired, Disposed	of, or Beneficia	lly Owned
	Fransaction Date onth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or d of (D) 4 and 5) (A) or	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Report	on a separate line	e for each cla	ass of sec	urities bene	ficially ov	vned directly	or indirectly.		
Tennitori report	en a separate filk				Pers infor requ	ons who re mation con ired to resp lays a curre	espond to the colle stained in this form bond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)

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

1. Title of	2.	3. Transaction Date 3	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year) E	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise	a	any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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Reporting Owners

**Signature of Reporting

Person

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
PFREUNDSCHUH PETER P. C/O IMMUNOMEDICS, INC. 300 THE AMERICAN ROAD			Chief Financial Officer				
MORRIS PLAINS, NJ 07950							
/s/ Peter P.)3/11/2015						

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) The reporting person was granted stock options pursuant to the Company's 2014 Long Term Incentive Plan. The stock options vest 25% on the first anniversary of the date of grant and 6.25% on a quarterly basis thereafter.

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.