INOVIO PHARMACEUTICALS, INC.

Form 4

March 09, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Washington, D.C. 20549

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

Form 5 obligations

may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person *

Bagarazzi Mark

2. Issuer Name and Ticker or Trading

Symbol

INOVIO PHARMACEUTICALS,

INC. [INO]

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 03/05/2015

660 W. GERMANTOWN PIKE, SUITE 110

(Street)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Director

X_ Officer (give title

Applicable Line)

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

5. Relationship of Reporting Person(s) to

(Check all applicable)

Chief Medical Officer

10% Owner

Other (specify

Issuer

below)

PLYMOUTH MEETING, PA 19462 (State)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Zip)

(Month/Day/Year)

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

(A)

or

5. Amount of Securities Beneficially Owned Following

Form: Direct (D) or Indirect (I) (Instr. 4)

6. Ownership 7. Nature of Indirect Beneficial Ownership (Instr. 4)

OMB APPROVAL

Number:

Expires:

response...

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

Reported Transaction(s)

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

Common

(City)

Stock

15,000 D

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

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SEC 1474 (9-02)

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

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| 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. Transactic Code (Instr. 8) | 5. Number of or 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 Underlying Securition (Instr. 3 and 4) | |
|---|---|---|---|--|--|--|--------------------|--|------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amou or Numb of Sha |
| Common Stock Options | \$ 7.56 | 03/05/2015 | | A | 60,000 | 03/05/2015(1) | 03/05/2025 | Common Stock | 60,0 |
| Restricted Stock Unit | (2) | 03/05/2015 | | A | 25,000 | (2) | (2) | Common Stock | 25,0 |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Bagarazzi Mark 660 W. GERMANTOWN PIKE, SUITE 110 PLYMOUTH MEETING, PA 19462

Chief Medical Officer

Signatures

Reporting Person

/s/ Mark
Bagarazzi

**Signature of 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) The vesting schedule for the 60,000 options is as follows: 15,000 shares vested on March 5, 2015; 15,000 shares will vest on March 5, 2016; 15,000 shares will vest on March 5, 2018
- Each restricted stock unit represents a contingent right to receive one share of common stock. The vesting schedule for the 25,000 (2) restricted stock units is as follows: 8,334 shares will vest on March 5, 2016; 8,333 shares will vest on March 5, 2017; 8,333 shares will vest on March 5, 2018. Vested units of restricted stock can be settled in shares of common stock, cash or a combination of both.

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.

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