Edgar Filing: IMMUNOMEDICS INC - Form 4

IMMUNOM Form 4 August 26, 2											
August 26, 2011 OMB APPROVAL OMB APPROVAL											
CONIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this box if no longer					OWN	IEDSHID OE	Expires:	January 31, 2005			
subject to Section 1 Form 4 c	bject to STATEMENT OF CHANGES IN BENEFICIAL OWN section 16. SECURITIES					UWI	LEKSIIII OF	Estimated a burden hour response	ours per		
Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 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 I	Responses)										
1. Name and Address of Reporting Person <u>*</u> GOLDENBERG DAVID M			2. Issuer Name and Ticker or Trading Symbol IMMUNOMEDICS INC [IMMU]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	/liddle)	3. Date of Earliest Transaction					(Check all applicable)			
				Month/Day/Year))8/24/2011				_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) Dther (specify below) CSO, CMO & Chairman of the BOD			
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
MORRIS PLAINS, NJ 07950								Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acqu	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	n Date, if	3. 4. Securities Acquired if Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) ar) (Instr. 8) (A)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common	08/24/2011			Code V A	Amount 200,000	or (D) A	Price \$ 0	(Instr. 3 and 4)	D		
Stock	00/24/2011			Α	(1)	А	ψŪ	200,000 <u></u>	D		
Common Stock	08/24/2011			А	150,000 (1)	A	\$0	225,000 <u>(2)</u>	I	See Footnote (3)	

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

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

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

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GOLDENBERG DAVID M C/O IMMUNOMEDICS, INC 300 AMERICAN ROAD MORRIS PLAINS, NJ 07950	Х	Х	CSO, CMO & Chairman of the BOD				
Signatures							

Signatures

/s/ David M. Goldenberg	08/25/2011		
**Signature of Reporting	Date		

**Signature of Reporting Person

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) Such restricted stock units vest 25% on the first anniversary of the date of grant and 6.25% on a quarterly basis thereafter.
- (2) Includes shares of common stock only that underlie restricted stock units.
- (3) The reporting person's spouse, Ms. Cynthia L. Goldenberg (also known as Cynthia L. Sullivan), President and Chief Executive Officer of the Company, was granted restricted stock units pursuant to the Company's 2006 Stock Incentive Plan, as amended.

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.