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CAUWENE	BERGH GEERT										
Form 4	• • • •										
January 07,									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check th				8	,				Expires:	January 31,	
subject t Section	if no longer subject to Section 16. Form 4 or						ERSHIP OF	Expired. 200 Estimated average burden hours per response 0			
Form 5 obligation may com <i>See</i> Instru- 1(b).	ons Section 17(a	a) of the I	Public U	tility Hol		npany	y Act of	Act of 1934, 1935 or Section)			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> CAUWENBERGH GEERT			2. Issuer Name and Ticker or Trading Symbol Phio Pharmaceuticals Corp. [PHIO]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	Aiddle)	3. Date of Earliest Transaction					(Check all applicable)			
	PHARMACEUTI 7 SIMARANO DI		(Month/I 01/04/2	Day/Year) 019				_X_ Director _X_ Officer (give below) Chief E		Owner er (specify er	
				Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MARLBOI	ROUGH, MA 017	52					:	Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	rity (Month/Day/Year) Execution Date, if		Date, if	Code (Instr. 3, 4 and 5)				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common stock, \$0.0001 par value	01/04/2019			Code V A <u>(1)</u>	Amount 23,139	(D) A	Price \$ 0.3499	(Instr. 3 and 4) 261,699	D		
Common stock, \$0.0001 par value								450	I	By spouse	

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	Date	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
FB		Director	10% Owner	Officer	Other				
CAUWENBERGH GEERT C/O PHIO PHARMACEUTICALS O 257 SIMARANO DRIVE, SUITE 10 MARLBOROUGH, MA 01752		Х		Chief Executive Officer					
Signatures									
Caitlin Kontulis, 01/07/2019 attorney-in-fact									
**Signature of Reporting Person	Date	e							

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).

As reported on the Current Report on Form 8-K filed on September 4, 2018 and December 21, 2018, the reporting person has elected to receive a portion of his compensation in stock in lieu of cash. Accordingly, on January 4, 2019, the reporting person received a total of 23,139 shares of common stock from the Company in lieu of \$8,096.16 of cash compensation, which includes base salary, that was

payable on such date. 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.