Edgar Filing: Dispersyn Gerrit - Form 4

Dispersyn Ge Form 4	errit										
March 05, 20)19										
FORM A								OMB AF	OMB APPROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287			
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 OV SECURITIES Filed pursuant to Section 16(a) of the Securities Exchanges Section 17(a) of the Public Utility Holding Company Act 30(h) of the Investment Company Act of 1						change Act of	e Act of 1934, 1935 or Section	Expires: January 3 200 Estimated average burden hours per response 0			
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> Dispersyn Gerrit			2. Issuer Name and Ticker or Trading Symbol Phio Pharmaceuticals Corp. [PHIO]				IO]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Chec.	к ан аррисавие)	
	PHARMACEU SIMARANO		(Month/D 03/01/20	-				Director X Officer (give below) Pres		Owner r (specify	
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MARLBOR	OUGH, MA 0	1752						Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Yea	ar) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securitie m(A) or Disp (Instr. 3, 4 a Amount	osed c	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)		
Common Stock	03/01/2019			А	407,703 (1)	А	\$0	479,053	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)

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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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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				
Dispersyn Gerrit C/O PHIO PHARMACEUTICALS CO 257 SIMARANO DRIVE, SUITE 101 MARLBOROUGH, MA 01752	ORP.		President & CEO					
Signatures								
Caitlin Kontulis, attorney-in-fact	03/05/2019							

**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).

As reported on the Current Report on Form 8-K filed on February 15, 2019 and pursuant to the reporting person's appointment as CEO, the securities reported represent shares underlying a restricted stock unit, of which shares will vest in four equal annual installments.

(1) Additionally, the reporting person's right to receive the underlying shares at vesting is subject to stockholder approval of an increase in the authorized shares under the Company's equity compensation plan. In the event that such an increase is not approved, then no shares will be issued at the applicable vesting 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.