HEMISPHERX BIOPHARMA INC

Form 4 July 01, 2016

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person *

KIANI IRAJ EQHBAL

2. Issuer Name and Ticker or Trading

Symbol

HEMISPHERX BIOPHARMA INC

[HEB]

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

5. Relationship of Reporting Person(s) to

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Issuer

(Check all applicable)

X_ Director Officer (give title (Month/Day/Year)

06/30/2016

below)

10% Owner Other (specify

OMB APPROVAL

3235-0287

January 31,

2005

0.5

FLOOR

18800 DELAWARE ST, 9TH

(Instr. 3)

(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 Form filed by More than One Reporting

HUNTINGDON BEACH, CA 92648

(City) (State) (Zip) 1. Title of 2. Transaction Date 2A. Deemed Security

(Month/Day/Year) Execution Date, if (Month/Day/Year)

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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

Reported Transaction(s)

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

(A)

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)

3. Transaction Date 3A. Deemed 1. Title of Derivative (Month/Day/Year) Execution Date, if Conversion

5. Number 6. Date Exercisable and Transactionof **Expiration Date**

7. Title and Amount of 8. Underlying Securities

SEC 1474

(9-02)

1

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, and 5)	es d d	(Month/Day/Year)		(Instr. 3 and 4)		Sec (In
				Code V	(A) (Oate Exercisable	Expiration Date	Title	Amount or Number of Shares	
Incentive Rights (1)	\$ 0	06/30/2016		A	845	13	2/31/2016	12/31/2016	Common Stock	845	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
KIANI IRAJ EQHBAL 18800 DELAWARE ST 9TH FLOOR HUNTINGDON BEACH, CA 92648	X						

Signatures

Iraj Eghbal
Kiani

**Signature of Person

Date

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).

Issued pursuant to the Hemispherx Biopharma Inc 2016 voluntary stock award plan. Pursuant to the plan, the reporting person has elected to withhold a portion of their Director's fee in exchange for the incentive right. The incentive right grants the reporting person the right to

(1) receive a number of shares of common stock based upon the market price on the day prior to the election. The incentive right automatically converts into common stock on the date exercisable. The plan is described in the Issuer's annual 10K report for the year ended 12/31/15.

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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