Hau Bosun Form 3 February 13, 2018

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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)

Person * Hau Bosun	•	orting	Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Cellular Biomedicine Group, Inc. [CBMG]				
(Last)	(First)	(Middle)	02/06/2018	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer Other			5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O CELLUL BIOMEDICIN INC., 19925 CREEK BLVI	NE GROU STEVEN	IS						
(Street) CUPERTINO, CA 95014			(give title below			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
	(State)	(Zip)	Table I	Non Dorivot	ivo Coouwit	ios Do	Form filed by More than One Reporting Person	
1.Title of Security (Instr. 4)	, ,	(2.1)		of Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		*	
Common Stoc	k, par val	ue \$0.001	1,404		D	Â		
Reminder: Report owned directly or	-	ate line for ea	ach class of securities benefic	cially S	EC 1473 (7-02	2)		
	inform	ation conta	pond to the collection of ained in this form are no and unless the form disp	t				

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

currently valid OMB control number.

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)

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(Instr. 4) Price of Derivative Derivative Security: Date **Expiration Title** Amount or Direct (D) Security Exercisable Number of or Indirect Shares (I) (Instr. 5)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Hau Bosun C/O CELLULAR BIOMEDICINE GROUP, INC. 19925 STEVENS CREEK BLVD., SUITE 100 CUPERTINO, CA 95014	Â	Â	Â	Â	

Signatures

/s/ Bosun S. Hsu 02/13/2018

**Signature of Person Date

Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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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