Advaxis, Inc. Form 4 August 04, 2015

## FORM 4

### **OMB APPROVAL**

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

**OMB** Number:

5 Relationship of Reporting Person(s) to

3235-0287

Check this box if no longer subject to Section 16.

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

January 31, Expires: 2005 Estimated average

burden hours per

Form 4 or Form 5 obligations may continue.

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

2 Jasuar Nama and Tiakar or Trading

response... 0.5

1(b).

Common

Stock

07/31/2015

(Print or Type Responses)

1. Name and Address of Reporting Person \*

See Instruction

Mauro Da	vid J	Symbol	Symbol Advaxis, Inc. [ADXS]			ng	Issuer (Check all applicable)		
(Last)	(First) (	Middle) 3. Date of	of Earliest Tra	ansaction			(5.55)		,
305 COL		(Month/Day/Year) 07/31/2015				Director 10% Owner Other (specify below) Chief Medical Officer			
(Street) 4			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
PRINCETON,, NJ 08540			Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip) Tak	ole I - Non-D	erivative :	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			(Instr. 3,	spose 4 and (A) or	d of (D) 5)	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	07/31/2015		Code V A	Amount 117 (1)	(D)	Price \$ 16.66	190,367	D	

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

F

25 (2)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

190,342

D

### Edgar Filing: Advaxis, Inc. - Form 4

#### 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		4.	5.	6. Date Exerc		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
							Date	Title Number			
							Date		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Mauro David J 305 COLLEGE ROAD EAST PRINCETON,, NJ 08540			Chief Medical Officer				

# **Signatures**

/s/ Sara Bonstein, as attorney-in-fact for David J. 08/04/2015 Mauro

> \*\*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).
- The reporting person voluntarily purchases restricted stock directly from the Company at market price on the last trading day of the **(1)** month.
- (2) Represents shares forfeited by the reporting person in order to pay withholding taxes associated with the stock issuance.

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.

Reporting Owners 2