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	MEDICAL Inc										
Form 4 October 19,	2015										
FORN	ЛЛ					~~~	NODO		OMB AF	PROVAL	
UNITED STATES SECUR					AND EX 1, D.C. 20	OMMISSION	OMB Number:	3235-0287			
					BENEF RITIES he Securi lding Cor	Expires: January 31, 2005 Estimated average burden hours per response 0.5					
(Print or Type	Responses)										
DHILLON PUNIT Symbol				er Name and Ticker or Trading SEC MEDICAL Inc [ONCS]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. D (Mo					Fransaction			(Check all applicable) <u>X</u> Director <u>X</u> Officer (give title Dother (specify below) President and CEO			
SANDIEC	(Street)			endment, D nth/Day/Yes	Date Origina ar)	ıl		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Per	son	
	O, CA 92121	(7:0)						Person		-	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price			d of (D) 5)	5. Amount of 6. Securities Ownership Beneficially Form: Dire Owned (D) or Following Indirect (I) Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	10/16/2015			Р	4,800	А	\$ 4.2699	4,800	D		
Common Stock	10/16/2015			Р	1,231	A	\$ 4.1999	1,231	D		
Common Stock	10/16/2015			Р	2,296	A	\$ 4.1999	2,296	D		
Common Stock	10/16/2015			Р	100	A	\$ 4.1999	100	D		
Common Stock	10/16/2015			Р	1,000	А	\$ 4.35	1,000	D		

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Common Stock	10/16/2015	Р	473	А	\$ 4.1999	473	D
Common Stock	10/16/2015	Р	100	А	\$ 4.1999	100	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. 6. Date Exercisable and onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
r U	Director	10% Owner	Officer	Other				
DHILLON PUNIT C/O ONCOSEC MEDICAI 9810 SUMMERS RIDGE F SAN DIEGO, CA 92121	Х		President and CEO					
Signatures								
/s/ Punit Dhillon	10/16/2015							
<u>**</u> 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). Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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