## Edgar Filing: DHILLON PUNIT - Form 4/A

DHILLON P	UNIT										
Form 4/A											
July 06, 2018	3										
FORM	14									PPROVAL	
	UNITE	ED STATE		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi									Expires:	January 31,	
if no long subject to		EMENT (	OF CHAN	GES IN I	BENEFI	CIA	L OW	NERSHIP OF	2005		
Section 1				SECUR	ITIES				Estimated a burden hou		
Form 4 or	r								response 0.		
Form 5	<b>n</b> o '	<b>^</b>					-	e Act of 1934,			
obligation may cont				•	•	- ·		f 1935 or Section	n		
<i>See</i> Instru 1(b).		30(ł	n) of the In	vestment	Compan	y Act	: of 194	40			
(Print or Type F	Responses)										
1. Name and A	ddress of Report	ing Person *	2 Issuer	Name and	Ticker or '	Tradin	σ	5. Relationship of	Reporting Pers	son(s) to	
DHILLON PUNIT Symbol				r Name <b>and</b> Ticker or Trading				Issuer			
•			COSEC MEDICAL Inc [ONCS]								
(Last)	(First)	(Middle)		Earliest Tr		L	-	(Chec	k all applicable	e)	
(Lust)	(1 1130)	(whate)	(Month/D		alisaction			X Director	10%	Owner	
			2/01/2018				X Officer (give	title Other (specify			
								below)	below) President		
			4 70 4								
	(Street)			ndment, Da	-			6. Individual or Jo	oint/Group Filir	1g(Check	
			02/06/20	th/Day/Year)	)			Applicable Line) _X_ Form filed by (	One Reporting Pe	erson	
SAN DIEGO	D,, CA 92121		02/00/20	/10					Iore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction			3.				5. Amount of	6. Ownership		
Security	(Month/Day/Y		tion Date, if		on(A) or Di	ispose	d of	Securities	Form: Direct		
(Instr. 3)		any (Montl	h/Day/Year)	Code (Instr. 8)	(D) (Instr. 3.	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(1)10111		(1115111-0)	(11154170)	· uno	.,	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	02/06/2018			A <u>(1)</u>	3,000	А	\$ 0.88	230,702	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
DHILLON PUNIT 5820 NANCY RIDGE DRIVE SAN DIEGO,, CA 92121	Х		President				
Signatures							
	0.00000						

/s/ Punit Dhillon	07/06/2018			
**Signature of	Date			

Reporting Person

## **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).

This amended Form 4 is being filed to correctly reflect the Reporting Person's exempt acquisition of shares pursuant to the OncoSec Medical Incorporated 2015 Employee Stock Purchase Plan. The Reporting Person acquired the shares pursuant to the plan on February 1,

Medical incorporated 2015 Employee stock Futchase Frank. The Reporting Ferson acquired the shares pursuant to the pran on February 1, 2018, and subsequently transferred the shares to a living trust. The original Form 4 filed on February 6 used an incorrect transaction code that indicated they were acquired through an open market purchase.

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.