Edgar Filing: CAPRICOR THERAPEUTICS, INC. - Form 3

CAPRICOR THERAPEUTICS, INC.

Form 3

September 12, 2014

UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

OMB APPROVAL

OMB Number:

3235-0104

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

Person * St. John Ed (Last) 2560 LORD B	St. John Edward A. (Last) (First) (Middle) 2560 LORD BALTIMORE		2. Date of Event Requiring Statement (Month/Day/Year) 11/20/2013		3. Issuer Name and Ticker or CAPRICOR THERAPE 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
COLUMBIA,	(Street) MD 2	1244			Director Officer (give title belo	r	_X 10% Other (specify belo		6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person
(City)	(State)	(Zip)		Table I - N	Non-Deriva	tive	e Securiti	es Be	neficially Owned
1.Title of Security (Instr. 4)	,			2. Amount of Beneficially (Instr. 4)		Fo D: or (I)	wnership orm: irect (D)	4. Nat Owne (Instr.	•
Common Stock	k			1,556,141			D (1)	Â	
Common Stock	k			1,556,141			I	See I	Footnote (2)
Common Stock	k			1,556,141			I	See I	Footnote (3)
Common Stock	k			54,602			D (4)	Â	
Common Stock	k			324,196			I	See I	Footnote (5)
Reminder: Report on a separate line for each class of secu owned directly or indirectly.			·		SEC 1473 (7-02))		
			to the collection of I in this form are not						

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

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

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
coporting of their state of	Director	10% Owner	Officer	Othe			
St. John Edward A. 2560 LORD BALTIMORE DRIVE COLUMBIA, MD 21244	Â	ÂX	Â	Â			
MD BTI, LLC 2560 LORD BALTIMORE DRIVE COLUMBIA, MD 21244	Â	ÂX	Â	Â			
Edward St. John, LLC 2560 LORD BALTIMORE DRIVE COLUMBIA, MD 21244	Â	ÂX	Â	Â			

Signatures

/s/ Joseph P. Ward , attorney-in-fact 09/12/2014

**Signature of Reporting Person Date

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).
- (1) This Form 3 is filed jointly by Edward A. St. John, MD BTI, LLC ("MD BTI"), and Edward St. John, LLC ("St. John LLC"). The shares reported here are owned directly by MD BTI.
- (2) St. John LLC is the company manager of MD BTI. Accordingly, St. John LLC is the indirect beneficial owner of the shares reported here. St. John LLC disclaims beneficial ownership of these shares except to the extent of its pecuniary interest in the shares.
- Mr. St. John is the sole member and general manager of St. John LLC, the company manager of MD BTI. Accordingly, Mr. St. John is the indirect beneficial owner of the shares reported here. Mr. St. John disclaims beneficial ownership of these shares except to the extent of his pecuniary interest in the shares.
- (4) These shares are owned directly by Mr. St. John.
- These shares are owned directly by MD BTI, Inc., of which Mr. St. John is the President and a stockholder. Accordingly, Mr. St. John is the indirect beneficial owner of these shares. Mr. St. John disclaims beneficial ownership of these shares except to the extent of his pecuniary interest in the shares.

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Remarks:

Exhibit List: Exhibit 24.1 - Power of Attorney for Edward A. St. John, Exhibit 24.2 - Power ofÂ

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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