Edgar Filing: Delaney Brendan - Form 4

Delaney Br Form 4	endan											
September	18 2018											
								OMB A	APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549									3235-0287			
Check t if no lor	ngar			U				Expires:	January 31, 2005			
subject Section	to SIATEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF										
Form 4 Form 5 obligati may con <i>See</i> Inst 1(b).	Filed pur ons Section 17(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)											
1. Name and Delaney Br	2. Issuer Name and Ticker or Trading Symbol IMMUNOMEDICS INC [IMMU]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last)	(First) (A	Middle)	3. Date of	of Earliest T	ransaction		(Ch	(Check an applicable)				
C/O IMMUNOMEDICS, INC, 300 THE AMERICAN ROAD			(Month/Day/Year) 09/14/2018			Director 10% Owner X Officer (give title Other (specify below) below) Chief Commercial Officer						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
MORRIS I	PLAINS, NJ 0795	0					Form filed by Person	More than One F	Reporting			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly					
Kenninder, Ke			uss of sec	unites belle	Perso inforr requi	ons who res nation cont red to resp ays a curre	spond to the collection tained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)			
					nunn							

 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	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	(Month/D	ay/Year) (I	nstr. 8)	or Dispos (D)	(Instr. 3, 4,				
			C	ode V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Options (right to buy)	\$ 22.27	09/14/2018		A	44,400		09/14/2019 <u>(1)</u>	09/14/2025	Common Stock, par value \$0.01 per share	44,400

Reporting Owners

Reporting Owner Name / Addre	ss	Relationships						
F8	Director	10% Owner	Officer	Other				
Delaney Brendan C/O IMMUNOMEDICS, IN 300 THE AMERICAN ROA MORRIS PLAINS, NJ 07950	D		Chief Commercial Officer					
Signatures								
/s/ Brendan P. Delaney	09/18/2018							

<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).

(1) The reporting person was granted stock options pursuant to the Company's 2014 Long-Term Incentive Plan. The stock options vest 25% on the first anniversary of the date of grant and on a quarterly basis thereafter over a three year period.

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.