Cellular Biomedicine Group, Inc.

Form 4

November 19, 2015

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

**OMB** Number:

Check this box if no longer subject to Section 16. Form 4 or

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

Expires: 2005 Estimated average burden hours per response... 0.5

**OMB APPROVAL** 

3235-0287

January 31,

Form 5 obligations may continue. See Instruction

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

1(b).

SUITE 100

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person \* Chan Andrew K

2. Issuer Name and Ticker or Trading Symbol

Cellular Biomedicine Group, Inc.

[CBMG]

(Last) (First) (Middle)

(State)

(Month/Day/Year) 11/17/2015

19925 STEVENS CREEK BLVD.,

(Zip)

4. If Amendment, Date Original

3. Date of Earliest Transaction

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

Director 10% Owner Officer (give title \_\_X\_ Other (specify below)

below) SVP Corp Bus Dev

(Street)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

CUPERTINO, CA 95014

		Tuble 1 Non Berryadive Securities required, Disposed of, or Beneficiary Owned								
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ities A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D)			Securities	Form: Direct	Indirect		
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)			Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)	
							Reported	· ·	· ·	
					(A)		Transaction(s)			
					or		(Instr. 3 and 4)			
			Code V	Amount	(D)	Price	(Instr. 5 and 4)			
Common Stock	10/17/2015		M	1,516	A	\$ 5.61	161,309	D		
Stock										
Common Stock	10/17/2015		S <u>(1)</u>	1,516	D	\$ 23.01	159,793	D		

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

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# 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. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Non- Qualified Stock Option (right to buy)	\$ 5.61	11/17/2015		M	1,516	<u>(2)</u>	05/16/2024	Common Stock	1,516

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Chan Andrew K 19925 STEVENS CREEK BLVD., SUITE 100 CUPERTINO, CA 95014

SVP Corp Bus Dev

## **Signatures**

/s/ Andrew Chan 11/19/2015

\*\*Signature of Person 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).
- (1) The transaction reported was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 25, 2015. Accordingly, the reporting person had no discretion with regard to the timing of the transaction.
- (2) The option vested according to the following schedule: 1/31st per month following the vesting commencement date of May 16, 2014.

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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