Eogar Fill	ng: TANG FOUI	NDATION F	JR RESEAU		RAL	nnor	NAL CHINESE	MEDICINE	: - Form 4		
TANG FOUN Form 4 June 15, 2012	NDATION FOR I	RESEACH O	F TRADITIO	ONAL CH	IINE	SE MI	EDICINE				
FORM	1							-	PPROVAL		
	UNITEDS		CURITIES A Washington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check this if no long subject to Section 16 Form 4 or	er STATEM 5.	ENT OF CH	ANGES IN I SECUR		CIA	LOW	NERSHIP OF	Expires: Estimated a burden hou response	rs per		
Form 5 obligation may conti <i>See</i> Instru 1(b).	^{is} nue. Section 17(a) of the Publi		ling Com	pany	Acto	ge Act of 1934, f 1935 or Sectio 40				
(Print or Type R	esponses)										
TANG FOU	ddress of Reporting F NDATION FOR OF TRADITION IEDICINE	AL SIG	ssuer Name and ool MATRON IN [SGMA]			-	5. Relationship of Issuer (Chec	Reporting Pers			
(Last) 8960 SPANI	(First) (M	(Mor	te of Earliest Tranth/Day/Year) 3/2012	ansaction			Director Officer (give below)	title X_109 below)	% Owner er (specify		
			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 				
LAS VEGAS	S, NV 89148							Aore than One Re			
(City)	(State) (Zip)	Fable I - Non-D	erivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code ear) (Instr. 8)	4. Securi on(A) or Di (D) (Instr. 3, Amount	spose	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	06/13/2012	06/13/2012	S	50	D	\$ 3.86	132,372	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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title Amoun Underly Securit (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title 1	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships					
	Director	10% Owner	Officer	Other				
TANG FOUNDATION FOR RESEAC MEDICINE 8960 SPANISH RIDGE AVENUE LAS VEGAS, NV 89148	H OF TRADITIONAL CHINESE		Х					
Signatures								
/s/ Vytas Ambutas, Asst. Secretary	06/15/2012							
**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. 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.