

HEMISPHERX BIOPHARMA INC  
 Form 4  
 December 14, 2015

**FORM 4**

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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 Address of Reporting Person \*  
 CARTER WILLIAM A

2. Issuer Name and Ticker or Trading Symbol  
 HEMISPHERX BIOPHARMA INC  
 [HEB]

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

(Last) (First) (Middle)  
 89501 OLD HIGHWAY  
 (Street)

3. Date of Earliest Transaction  
 (Month/Day/Year)  
 12/09/2015

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
 CEO

TAVERNIER, FL 33070  
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership Indirect Beneficial Ownership (Instr. 4)
				(A) or (D)	Code V Amount (D) Price		

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

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SEC 1474  
 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date Exercisable	Expiration Date	Title	Amount Number Shares
				Code	V (A) (D)				
Options	\$ 2.71	12/09/2015	J <sup>(1)</sup>		73,728	12/22/2010	12/22/2020	Common Stock	73,728
Options	\$ 4.03	12/09/2015	J <sup>(1)</sup>		10,000	04/13/2012	04/13/2022	Common Stock	10,000
Options	\$ 2.6	12/09/2015	J <sup>(1)</sup>		320,000	12/08/2015	12/08/2024	Common Stock	320,000
Options	\$ 0.29	12/09/2015	J <sup>(1)</sup>		100,000	07/05/2012	06/06/2022	Common Stock	100,000
Options	\$ 0.25	12/09/2015	J <sup>(1)</sup>		150,000	08/02/2013	08/02/2023	Common Stock	150,000
Warrants	\$ 0.51	12/09/2015	J <sup>(1)</sup>		491,196	02/01/2009	02/01/2019	Common Stock	491,196

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CARTER WILLIAM A 89501 OLD HIGHWAY TAVERNIER, FL 33070	X		CEO	

## Signatures

William A. Carter 12/11/2015

\*\*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) As Section 5.1 in the 2009 Equity Incentive Plan states that there is an aggregate limitation of 3 million shares per person, these options and warrants were forfeited to comply with this limitation.

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.