Peters Jeffrey Stu Form 4	ıart									
Form 4 February 08, 201	9									
FORM 4       UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549       OMB Number States Securities And Excites And E								OMB Number: Expires: Estimated a burden hou response	Imber: 3235-0287 pires: January 31 2005 timated average rden hours per	
(Print or Type Respo	onses)									
1. Name and Addres Peters Jeffrey St	r Name <b>and</b> OGENICS			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (Mi	iddle) 3. Date of	3. Date of Earliest Transaction					k an applicable)		
9704 MEDICAL CENTER DRIVE 02/06/2			•				Director 10% Owner X Officer (give title Other (specify below) below) General Counsel			
	ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
ROCKVILLE, N	MD 20850						Form filed by M Person			
(City)	(State) (Z	Zip) Tabl	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
	Transaction Date lonth/Day/Year)		3.	4. Securit onAcquired Disposed (Instr. 3, Amount	ties l (A) o l of (D	r )	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 02 Stock 02	2/06/2019		S <u>(1)</u>	68	D	\$ 30	202	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)

1. Title of Derivativ Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	Secu Acqu (A) c Disp of (D (Inst	vative rities uired or osed O) r. 3,		ate	Amou Unde Secur	le and unt of rlying rities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
		Code	4, an V (A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: Peters Jeffrey Stuart - Form 4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Peters Jeffrey Stuart 9704 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850			General Counsel					
Signatures								
/s/ Lynn Cilinski, Attorney-in-Fact	02/08	/2019						

\*\*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 sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 13, 2018.

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.