INOVIO PHARMACEUTICALS, INC.

Form 4/A

August 12, 2014

FORM 4

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

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 *

Kim Jong Joseph

2. Issuer Name and Ticker or Trading

Symbol

INOVIO PHARMACEUTICALS,

INC. [INO]

05/22/2014

(Last) (First) (Middle)

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

660 W. GERMANTOWN PIKE, SUITE 100

(Street)

4. If Amendment, Date Original

Filed(Month/Day/Year) 05/23/2014

PLYMOUTH MEETING, PA 19462

(Zip)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

OMB

Number:

Expires:

response...

Estimated average

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OMB APPROVAL

3235-0287

January 31,

2005

0.5

_X__ Director 10% Owner X_ Officer (give title Other (specify

below)

Chief Executive Officer

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

(State)

1. Title of 2. Transaction Date 2A. Deemed

(City)

Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

4. Securities 3. TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

(A)

or

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership Form: Direct (Instr. 4)

7. Nature of Indirect (D) or Indirect Beneficial Ownership (Instr. 4)

(9-02)

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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

(e.g., puts, calls, warrants, options, convertible securities)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

3. Transaction Date 3A. Deemed 1. Title of Derivative Conversion

5. Number of (Month/Day/Year) Execution Date, if TransactionDerivative

6. Date Exercisable and **Expiration Date**

7. Title and Amount Underlying Securitie

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		(Month/Day/Year)	(Instr. 3 and	4)
				Code V	and 5)	ŕ	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
Common Stock Option	\$ 8.8	05/22/2014		A	50,000 (1)		05/22/2014(2)	05/22/2024	Common Stock	50,00

Reporting Owners

Reporting Owner Name / Address Relationships

X

Director 10% Owner Officer Other

Chief Executive Officer

Kim Jong Joseph

660 W. GERMANTOWN PIKE

SUITE 100

PLYMOUTH MEETING, PA 19462

Signatures

/s/ Jong Joseph Kim 08/12/2014

**Signature of 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).
- The reporting person is amending the Form 4 originally filed to report this grant in order to restate the award to conform to the provisions (1) of the issuer's 2007 Omnibus Incentive Plan, as amended (the "Plan"). Such restatement is automatic under the provisions of the Plan. This amendment also reflects the 1-for-4 reverse stock split of the issuer's common stock that became effective as of June 5, 2014.
- (2) The vesting schedule for 50,000 options is as follows: 12,500 shares vested on May 22, 2014; 12,500 shares will vest on May 22, 2015; 12,500 shares will vest on May 22, 2016; 12,500 shares will vest on May 22, 2017.

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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