

HEMISPHERX BIOPHARMA INC
 Form 4
 April 06, 2016

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 *
KIANI IRAJ EQHBAL

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)
 18800 DELAWARE ST, 9TH FLOOR
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 02/15/2016

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

HUNTINGDON BEACH, CA 92648

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

(City) (State) (Zip)

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 (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.

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.

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	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction	5. Number of Derivative	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities
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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, and 5)	(Month/Day/Year)	(Instr. 3 and 4)				
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Rights ⁽¹⁾	\$ 0	02/15/2016	A		12,671		08/15/2016	08/15/2016	Common Stock	12,671
Incentive Rights ⁽¹⁾	\$ 0	02/29/2016	A		10,137		08/29/2016	08/29/2016	Common Stock	10,137
Incentive Rights ⁽¹⁾	\$ 0	03/15/2016	A		9,503		09/15/2016	09/15/2016	Common Stock	9,503
Incentive Rights ⁽¹⁾	\$ 0	03/31/2016	A		11,696		09/30/2016	09/30/2016	Common Stock	11,696

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
KIANI IRAJ EQHBAL 18800 DELAWARE ST 9TH FLOOR HUNTINGDON BEACH, CA 92648	X			

Signatures

Iraj Eghbal
Kiani
04/06/2016

**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) Issued pursuant to the Hemispherx Biopharma Inc 2016 voluntary stock award plan. Pursuant to the plan, the reporting person has elected to withhold a portion of their Director's fee in exchange for the incentive right. The incentive right grants the reporting person the right to receive a number of shares of common stock based upon the market price on the day prior to election. The incentive right automatically converts into common stock on the date exercisable. The plan is described in the Issuer's annual 10K report for the year ended 12/31/15.

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.