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INOVIO PHARMACEUTICALS, INC. Form 5 February 12, 2016

FORM 5					OMB AI	PPROVAL	
	OMB Number:	3235-0362	<u>,</u>				
Check this box if no longer subject	Expires:	January 31, 2005					
to Section 16. Form 4 or Form 5 obligations may continue.	Estimated average burden hours per response 1.0						
See Instruction 1(b). Form 3 Holdings S Reported Form 4 Transactions Reported	1						
1. Name and Address of Reporting Person <u>*</u> COLLINS MORTON			2. Issuer Name and Ticker or Trading Symbol INOVIO PHARMACEUTICALS, INC. [INO]	Reporting Person(s) to k all applicable)			
(Last) (Fi	(First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)Officer (give t 12/31/2015					Owner er (specify	
660 W. GERMAN PIKE, SUITE 10							
(St	reet)		4. If Amendment, Date Original	6. Individual or Jo	int/Group Rep	orting	
			Filed(Month/Day/Year)	(check	applicable line))	

PLYMOUTH MEETING, PAÂ 19462

X 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. 4. Securities Acquired Transaction (A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A)		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common Stock	12/21/2015	Â	G	19,000	D	\$0	154,066	D	Â		
Common Stock	Â	Â	Â	Â	Â	Â	4,450	Ι	By Spouse		
Common Stock	Â	Â	Â	Â	Â	Â	36,750	Ι	By Collins Children's Trust		
	Â	Â	Â	Â	Â	Â	2,675	I			

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Common Stock									By Spouse IRA account
Common Stock	Â	Â	Â	Â	Â	Â	36,750	I	By Collin Grandchildren's Trust

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

Persons who respond to the collection of information **SEC 2270** 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. O B B O E I S F i (I
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director 10% Owner Offic	Officer	Other				
COLLINS MORTON 660 W. GERMANTOWN PIKE SUITE 100 PLYMOUTH MEETING, PA 19462	ÂX	Â	Â	Â			
Signatures							
/s/ Morton							

02/12/2016 Collins **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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

(9-02)