Edgar Filing: ZELDIS JEROME B - Form 4

| ZELDIS JEROME B Form 4 | | | | | | | | | | |
|--|---|--|--|--|---------------------------------------|--|--|---|--|--|
| September 28, 2018 | | | | | | | | PPROVAL | | |
| Washington, D.C. 20549 | | | | | | | | 3235-0287 | | |
| Section 16. Form 4 or Form 5 F | | S | CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES tion 16(a) of the Securities Exchange Act of 1934, | | | | | January 31, 2005 average urs per . 0.5 | | |
| obligations may continue. See Instruction 1(b). | | | | | | | | | | |
| (Print or Type Responses) | | | | | | | | | | |
| 1. Name and Address of F ZELDIS JEROME B | 2. Issuer Name and Ticker or Trading Symbol | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | | |
| | | SOLIGENIX, INC. [SNGX] | | | | (Check all applicable) | | | | |
| (Last) (First) 29 EMMONS DRIV | 3. Date of Earliest Transaction (Month/Day/Year) 09/27/2018 | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | | | |
| (Street | | iled(Month/Day/Year) Applicable _X_Form | | | Applicable Line) _X_ Form filed by | l or Joint/Group Filing(Check ne) ed by One Reporting Person d by More than One Reporting | | | | |
| PRINCETON, NJ 08 | | | | | | Person | | eporting | | |
| (City) (State) | (Zip) | Table I | - Non-D | erivative | Securities A | cquired, Disposed | of, or Beneficia | lly Owned | | |
| 1.Title of Security2. Transact (Month/Da (Instr. 3) | tion Date 2A. Deen y/Year) Executior any (Month/D | Date, if Tra Coo ay/Year) (Ins | nnsaction de str. 8) | | A) or of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Reminder: Report on a sep | parate line for each c | lass of securitie | es benefi | cially own | ed directly o | 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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of | 8 |
|-------------|-------------|---------------------|--------------------|-----------------------|--------------|-------------------------|------------------------|----|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | TransactionDerivative | | Expiration Date | Underlying Securities | D |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | S |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Acquired (A) | | | (] |

| | Derivative Security | | | | or Dispose (D) (Instr. 3, 4 and 5) | | | | | |
|--|------------------------|------------|------|---|---|-----|---------------------|--------------------|-----------------|-------------------------------------|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (Right to Buy) (1) | \$ 1.67 | 09/27/2018 | А | | 17,964 | | <u>(1)</u> | 09/26/2028 | Common Stock | 17,964 |

Reporting Owners

Reporting Person

| Reporting Owner Name / Address | | Relationships | | | | | | |
|---|----------|---------------|--|---------|-------|--|--|--|
| | | | | Officer | Other | | | |
| ZELDIS JEROME B 29 EMMONS DRIVE, PRINCETON, NJ 0854 | | Х | | | | | | |
| Signatures | | | | | | | | |
| /s/ Jerome B. Zeldis | 09/28/20 | 18 | | | | | | |
| <u>**</u> Signature of | 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 stock option vests ratably on each of December 27, 2018, March 27, 2019, June 27, 2019 and September 27, 2019.

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.