

Actinium Pharmaceuticals, Inc.

Form 3

May 17, 2017

FORM 3**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB
Number: 3235-0104Expires: January 31,
2005Estimated average
burden hours per
response... 0.5**INITIAL STATEMENT OF 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 *

O'Loughlin Steve

(Last)

(First)

(Middle)

2. Date of Event Requiring
Statement

(Month/Day/Year)

05/15/2017

3. Issuer Name and Ticker or Trading Symbol

Actinium Pharmaceuticals, Inc. [ATNM]

4. Relationship of Reporting
Person(s) to Issuer5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

☐ Director ☐ 10% Owner☒ Officer ☐ Other

(give title below) (specify below)

VP, Finance and Corporate Dev.

C/O ACTINIUM
PHARMACEUTICALS,
INC., 275 MADISON
AVENUE, 7TH FLOOR

(Street)

NY, NY 10016

(City)

(State)

(Zip)

6. Individual or Joint/Group
Filing(Check Applicable Line)
☒ Form filed by One Reporting
Person
☐ Form filed by More than One
Reporting Person**Table I - Non-Derivative Securities Beneficially Owned**1. Title of Security
(Instr. 4)2. Amount of Securities
Beneficially Owned
(Instr. 4)3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)4. Nature of Indirect Beneficial
Ownership
(Instr. 5)Reminder: Report on a separate line for each class of securities beneficially
owned directly or indirectly.

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**1. Title of Derivative
Security
(Instr. 4)2. Date Exercisable and
Expiration Date
(Month/Day/Year)3. Title and Amount of
Securities Underlying
Derivative Security
(Instr. 4)4. Conversion
or Exercise
Price of
Derivative5. Ownership
Form of
Derivative
Security:6. Nature of Indirect
Beneficial
Ownership
(Instr. 5)

Edgar Filing: Actinium Pharmaceuticals, Inc. - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Options to purchase common stock	10/01/2015 ⁽¹⁾	10/01/2025	Common Stock	100,000	\$ 1.79	D	Â
Options to purchase common stock	04/14/2016 ⁽²⁾	04/14/2026	Common Stock	50,000	\$ 1.99	D	Â
Options to purchase common stock	03/14/2017 ⁽³⁾	03/14/2027	Common Stock	100,000	\$ 1.39	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
O'Loughlin Steve C/O ACTINIUM PHARMACEUTICALS, INC. 275 MADISON AVENUE, 7TH FLOOR NY, NY 10016	Â	Â	Â VP, Finance and Corporate Dev.	Â

Signatures

/s/ Steve
O'Loughlin
Date
05/17/2017

**Signature of
Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) A total of 28% of the options will vest one year from the grant date, and the remaining 72% shall vest in equal increments of 2% per month of the initial option grant over the following three year period.
- (2) Pursuant to the terms of the company's Amended and Restated 2013 Stock Plan, 2% of the options shall vest each month from the date of grant.
- (3) Pursuant to the terms of the company's Amended and Restated 2013 Stock Plan, 2% of the options shall vest each month from the date of grant. In addition, 25,000 options are subject to cancellation based on the obtainment of certain milestones.

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.