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Freedberg Jared Form 4								
September 26, 2018								
FORM 4								PPROVAL
01	NITED STATES			ND EX(, D.C. 20		COMMISSIO	N OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or						WNERSHIP OI	Expires: Estimated a burden hou response	irs per
obligations	iled pursuant to stion 17(a) of the 30(h)	Public Uti	ility Hole	ding Con		of 1935 or Secti		
(Print or Type Responses)								
1. Name and Address of R Freedberg Jared	2. Issuer Name and Ticker or Trading Symbol IMMUNOMEDICS INC [IMMU]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First)	(Middle)	3. Date of			[]	(Ch	eck all applicable	e)
C/O IMMUNOMED AMERICAN ROAD		(Month/Da 09/24/20	ay/Year)	ansaction		Director X Officer (gi below) GEN		6 Owner er (specify EL
(Street))	4. If Amen Filed(Mont		-	l	Applicable Line) _X_ Form filed by	Joint/Group Filin	erson
MORRIS PLAINS, N						Person	More than One R	eporting
(City) (State)	(Zip)	Table	e I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of 2. Transact Security (Month/Da (Instr. 3)	ion Date 2A. Deem y/Year) Execution any (Month/D	Date, if 7 (ay/Year) (Code (Instr. 8)	4. Securiti nAcquired (Disposed ((Instr. 3, 4	(A) or of (D) and 5) (A) or	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)
		(Code V	Amount	(D) Price	. , ,		
Reminder: Report on a sep	parate line for each c	lass of secur	ities benef	icially own	ed directly of	or indirectly.		
				inform require	ation cont ed to respo ys a curre	spond to the colle cained in this form ond unless the fo ntly valid OMB co	n are not orm	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securitie
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	8)	Acquired (Disposed o (Instr. 3, 4, 5)	f (D)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou Numb Shares
Stock Option (right to buy)	\$ 21.72	09/24/2018		A		119,685		09/24/2019 <u>(1)</u>	09/24/2025	Common Stock, par value \$0.01 per share	119,0

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Freedberg Jared C/O IMMUNOMEDICS 300 THE AMERICAN ROAD MORRIS PLAINS, NJ 07950			GENERAL COUNSEL				
Signatures							

/s/ Jared Freedberg	09/26/2018
<u>**</u> 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) The reporting person was granted stock options pursuant to the Company's 2014 Long-Term Incentive Plan. The stock options vest 25% on the first anniversary of the date of grant and 2.08333% on a monthly basis thereafter.

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.