INOVIO PHARMACEUTICALS, INC.

Form 4

August 30, 2016

FORM 4

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

OMB APPROVAL OMB

Number:

3235-0287 January 31,

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per

response...

Expires:

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Sardesai Niranjan

(City)

2. Issuer Name and Ticker or Trading

Symbol

INOVIO PHARMACEUTICALS,

INC. [INO]

(Last) (First) (Middle)

(Zip)

08/28/2016

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

3. Date of Earliest Transaction

(Month/Day/Year)

X_ Officer (give title below)

Director

10% Owner Other (specify

Chief Operating Officer

PIKE, SUITE 110 (Street)

660 W. GERMANTOWN

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

PLYMOUTH MEETING, PA 19462

(State)

| (City) | (State) | (Zip) Tab | le I - Non-l | Derivative | Secur | rities Acqui | red, Disposed of | or Beneficial | ly Owned |
|--------------------------------------|---|---|--|---|---------|--------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securit ord Dispos (Instr. 3, 4) | ed of (| ` ′ | 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) |
| Common Stock | 08/28/2016 | | M | 33,116 | A | \$ 6.12 | 70,234 | D | |
| Common Stock | 08/29/2016 | | S | 21,800 | D | \$ 9.2997 | 48,434 | D | |

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

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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 | |
|-----------------|-------------|---------------------|--------------------|-------------|------------------|--------|-------------------------|-----------------|------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction | actionDerivative | | Expiration Date | | Underlying Securities | |
| Security | or Exercise | | any | Code | Securities | | (Month/Day/Year) | | (Instr. 3 and 4) | |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | , , | | | | | |
| | Derivative | | | | or Disposed of | | | | | |
| | Security | | | | (D) | | | | | |
| | | | | | (Instr. 3, 4, | | | | | |
| | | | | | and 5) | | | | | |
| | | | | | | | Date Exercisable | Expiration Date | Title | Amount or Number |
| | | | | Code V | (A) | (D) | | | | of Shares |
| Common Stock | \$ 6.12 | 08/28/2016 | | M | | 33,116 | 08/28/2009 | 08/28/2016 | Common Stock | 33,116 |
| Options | | | | | | | | | Stock | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Sardesai Niranjan 660 W. GERMANTOWN PIKE SUITE 110 PLYMOUTH MEETING, PA 19462

Chief Operating Officer

Signatures

/s/ Niranjan
Sardesai

**Signature of Date

**Signature of
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 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.

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