Edgar Filing: White Cheryl Jo - Form 4

White Cheryl Jo Form 4										
July 01, 2009								OMB A	PPROVAL	
	UNITED	STATES					COMMISSIO	N OMB Number:	3235-0287	
Check this box if no longer STA TEMENT OF CHANCES IN PENEFICIAL OWNERSHI							WNEDSHID OI	Expires:	January 31, 2005	
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF E Section 16. SECURITIES b								Estimated burden hou	urs per	
Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Section 17(a) of the l	Public U	Jtility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940		. 0.5	
(Print or Type Respo	nses)									
1. Name and Address of Reporting Person <u>*</u> White Cheryl Jo			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
	INOVIO BIOMEDICAL CORP [INO]				CORF	(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			Director X Officer (gi	ve title Oth	% Owner her (specify		
11494 SORREN ROAD	06/29/2009				below) below) Chief Medical Officer					
(Street)			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 				
SAN DIEGO, CA 92121							Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	ansaction Date ath/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(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 separate line	e for each cl	ass of sec	urities bene	ficially ow		or indirectly.			
	r				Perso inform requir	ns who res nation cont ed to resp iys a curre	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible	Beneficially Owner	d		

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	TransactionDerivative	Expiration Date	Underlying Securitie

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Acquired (A) or Disposed of (D) (Instr. 3, 4,		(Instr. 3 and 4)	
				Code V	' (A)	(D)	Date Exercisable	Expiration Date	Title	An or Nu of S
Inovio Biomedical Corporation Common Stock Option <u>(1)</u>	\$ 0.03	06/29/2009		М		98,120	10/01/2002	10/01/2012	Inovio Biomedical Corporation Common Stock	98
Inovio Biomedical Corporation Common Stock Option <u>(1)</u>	\$ 0.21	06/29/2009	06/29/2009	М		98,120	12/01/2004	12/01/2004	Inovio Biomedical Corporation Common Stock	98

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
White Cheryl Jo 11494 SORRENTO VALLEY ROA SAN DIEGO, CA 92121	AD		Chief Medical Office	er			
Signatures							
/s/ Cheryl Jo	2000						

/s/ Cheryl Jo White	07/01/2009		
<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) Issued upon assumption of outstanding VGX Pharmaceutical Inc. stockoptions in conjunction with closing of the business combination transaction between VGX Pharmaceuticals and Inovio Biomedical Corporationon June1,2009.

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.