Edgar Filing: IMMUNOMEDICS INC - Form 5

**IMMUNOMEDICS INC** Form 5 August 13, 2014 OMB APPROVAL FORM 5 OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations **OWNERSHIP OF SECURITIES** response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer GOLDENBERG DAVID M Symbol IMMUNOMEDICS INC [IMMU] (Check all applicable) (First) 3. Statement for Issuer's Fiscal Year Ended (Last) (Middle) (Month/Day/Year) \_X\_ Director \_X\_\_ 10% Owner \_X\_\_ Officer (give title Other (specify 06/30/2014 below) below) C/O IMMUNOMEDICS, See Remarks INC.. 300 THE AMERICAN ROAD (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) MORRIS PLAINS. NJÂ 07950 \_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of 3. Transaction Security (Month/Day/Year) Execution Date, if (A) or Disposed of Securities Form: Direct Indirect (Instr. 3) Code (D) Beneficially (D) or Beneficial any (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership of Issuer's (Instr. 4) (Instr. 4) (A) Fiscal Year or (Instr. 3 and 4) (D) Price Amount Common

85,000 2,451,022 Â Â \$0 01/21/2014 G D D (2) (1)See 3,097,412 Â Â Â Â Â Â I Footnote (3) (3)

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

Stock

Stock

Common

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
F8	Director	10% Owner	Officer	Other		
GOLDENBERG DAVID M C/O IMMUNOMEDICS, INC. 300 THE AMERICAN ROAD MORRIS PLAINS, NJ 07950	ÂX	ÂX	See Remarks	Â		
Signatures						

/s/ David M.	08/13/2014		
Goldenberg	08/13/2014		
**Signature of Reporting	Date		

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).
- (1) The reporting person gifted these shares of common stock to his family members and certain trusts established for the benefit of his family members. The reporting person is not deemed to be the beneficial owner of these shares.
- (2) Includes a total of 190,000 shares held as joint tenants by the reporting person and his spouse.

Such shares are held by the reporting person's spouse, by various trusts established for the benefit of the reporting person and/or family(3) members of the reporting person, or by a majority-owned subsidiary of the Issuer, of which the reporting person is a director. The

reporting person disclaims beneficial ownership of these shares except to the extent of his pecuniary interests therein.

#### Â

#### **Remarks:**

## CSO, CMOÂ &Â CHARIMANÂ OFÂ THEÂ BOARDÂ OFÂ DIRECTORS

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.