Fibrocell Science, Inc. Form 4 December 19, 2016

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Maslowski John Michael

(First) (Last)

(Middle)

FIBROCELL SCIENCE, INC., 405 **EAGLEVIEW BOULEVARD**

(Street)

EXTON, PA 19341

(City)

(Zip)

2. Transaction Date 2A. Deemed

1.Title of Security (Instr. 3)

(State)

(Month/Day/Year)

Execution Date, if

(Month/Day/Year)

Code

(Instr. 8)

3.

Disposed of (D)

(Instr. 3, 4 and 5)

TransactionAcquired (A) or

(A)

4. Securities

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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

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 Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005 Estimated average

burden hours per

response... 0.5

10% Owner

Other (specify

2. Issuer Name and Ticker or Trading

30(h) of the Investment Company Act of 1940

Symbol Fibrocell Science, Inc. [FCSC]

3. Date of Earliest Transaction

(Month/Day/Year) 12/16/2016

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

Person

5. Amount of

Securities

Following

Reported

Owned

Beneficially

Issuer

below)

_X__ Director

X_ Officer (give title

Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

(Check all applicable)

CEO

below)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (T)

(Instr. 4)

(Instr. 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (ADisposed of (Instr. 3, 4, 5)	f (D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Option to Purchase Common	\$ 0.6625	12/16/2016		A		250,000		(1)	12/16/2026	Common Stock	250,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Maslowski John Michael FIBROCELL SCIENCE, INC. 405 EAGLEVIEW BOULEVARD EXTON, PA 19341	X		CEO				

Signatures

/s/ John M.

Maslowski 12/19/2016

**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).
- The options set forth in this table vest as follows: (i) 62,500 shares on December 16, 2017 and (ii) 15,625 for each of twelve quarterly
- (1) installments beginning on March 16, 2017 and ending on December 16, 2019 provided the reporting person is employed by the Company on each vesting date.
- (2) The options were issued in connection with the reporting person's employment service to the Company.

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.

Reporting Owners 2