Edgar Filing: SOLIGENIX, INC. - Form 4

COLICENTY INC

| Form 4 | | | | | | | | | | |
|---|--|--|--|--|--------|------------|--|---|----------------------|--|
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contir | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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 30(h) of the Investment Company Act of 1940 | | | | | | OMB Number: Expires: Estimated a burden hou response | | | |
| (Print or Type Re | esponses) | | | | | | | | | |
| SCHABER CHRISTOPHER J Symbol | | | Issuer Name and Ticker or Trading nbol LIGENIX, INC. [SNGX] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 29 EMMONS | (First) (M S DRIVE, SUITI | (Mor | ate of Earliest Tra nth/Day/Year) 25/2013 | ansaction | | | X Director X Officer (give below) | 10% | Owner er (specify | |
| | | | Amendment, Dat I(Month/Day/Year) | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | |
| PRINCETON | N, NJ 08540 | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) (| (Zip) | Table I - Non-D | erivative S | Securi | ties Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Dat any (Month/Day/Y | Code Year) (Instr. 8) | | sposed | l 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) | | |
| Common Stock | 06/25/2013 | | Р | 9,523 | А | \$ 1.05 | 59,681 | D | | |

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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4)8((| |
|---|---|---|---|--|---|--|--------------------|--|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Common Stock Warrants | \$ 1.65 | 06/25/2013 | | Р | 7,143 | 06/25/2013 | 06/25/2018 | Common Stock | 7,143 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-----------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| SCHABER CHRISTOPHER J 29 EMMONS DRIVE, SUITE C-10 PRINCETON, NJ 08540 | Х | | Chairman, CEO and President | | | | |
| Signatures | | | | | | | |
| | | | | | | | |

| /s/ Christopher J. Schaber | 06/26/2013 | | |
|--|------------|--|--|
| <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).

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.