Edgar Filing: Ceccoli Joseph D. - Form 4

Ceccoli Joseph E Form 4 March 19, 2018).										
FORM 4	l								PPROVAL		
	UNITED	STATES		RITIES A			E COMMISSIO	N OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction	Section 1 Public U	NGES IN SECUI 16(a) of th Jtility Hol	Estimated burden hou response	Estimated average burden hours per response 0.5							
1(b).											
(Print or Type Respo	onses)										
1. Name and Addre Ceccoli Joseph	Symbol	er Name an		Ū.	5. Relationship of Reporting Person(s) to Issuer						
	APPLI [APDN	ED DNA 1]	SCIENC	LES INC	(Check all applicable)						
(Last) (First) (Middle) 50 HEALTH SCIENCES DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2018				X_ Director 10% Owner Officer (give title Other (specify below) below)				
(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 Form filed by More than One Reporting 				
STONY BROO	K, NY 11790)					Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date nth/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(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 of	n a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
·					Perso infor requi	ons who res nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 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	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

(Instr. 3)	Price of Derivative Security	(Month/Day,	/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 1.57	03/15/2018		А		74,572		<u>(1)</u>	03/14/2028	Common Stock	74,572

Reporting Owners

Reporting Owner Name / Address		Relationsh		
Fg	Director	10% Owner	Officer	Other
Ceccoli Joseph D. 50 HEALTH SCIENCES DRIVE STONY BROOK, NY 11790	Х			
Signatures				
/s/ Beth Jantzen Attorney-in-Fact	03/19	/2018		
**Signature of Reporting Person	Da			

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) These options vest in full and become exercisable on the first anniversary of the date of grant, subject to continued board membership through such date.

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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