Edgar Filing: Murrah Judith - Form 4

Murrah Jud	ith										
Form 4											
October 09,	, 2018										
FORM	ЛД									PPROVAL	
	UNITED	STATES		RITIES A Ashington			NGE	COMMISSION	NOMB Number:	3235-0287	
Check t if no loi									Expires:	January 31,	
subject		AENT OI	F CHAI			ICIA	AL O	WNERSHIP OF		ated average	
Section	16.			SECU	RITIES				burden hou		
Form 4					~ .				response	. 0.5	
Form 5 obligati								nge Act of 1934,			
may con				•	•	-	•	of 1935 or Section	on		
See Inst	ruction	30(h)	of the I	nvestment	t Compai	ıy Ас	ct of I	940			
1(b).											
(Print or Type	(Responses)										
JI.											
1. Name and	Address of Reporting	Person *	2. Issue	er Name an	d Ticker or	Tradi	ing	5. Relationship of	of Reporting Per	rson(s) to	
Murrah Judith			Symbol APPLIED DNA SCIENCES INC					Issuer			
			[APDN	1]				(Che	ck all applicabl	e)	
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction			Director	109	% Owner	
			(Month/Day/Year)					X_ Officer (give title Other (specify below)			
50 HEALT	TH SCIENCES DE	RIVE	08/31/2	2018				below) Chief I	Information Off	ïcer	
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
	(Succe)		Filed(Month/Day/Year)					Applicable Line)			
					- /			_X_ Form filed by			
STONY B	ROOK, NY 11790)						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date			3.	4. Securit				6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution	Date, if	Transactio Code	nAcquired Disposed				Form: Direct (D) or Indirect	Indirect Beneficial	
(Insu, 5)		any (Month/Da	w/Year)	(Instr. 8)	-			•	(I) of multeet	Ownership	
		X			(- /	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(mout 5 and 4)			
Reminder De	port on a separate line	e for each al	ass of see	urities here	ficially ow	ned di	irectly	or indirectly			
Kenninger. Ke	port on a separate fine			unities belle	incluity ow	neu ui	incerty (n maneetry.			

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	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	Transacti	orDerivative	Expiration Date	Underlying Securitie
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(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	Amour or Numbe of Shar
Secured Convertible Note	\$ 2.5	08/31/2018		С			25,000	08/31/2018	08/30/2021	Common Stock	10,00

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Murrah Judith 50 HEALTH SCIENCES DRIVE STONY BROOK, NY 11790			Chief Information Officer					
Signatures								

g

/s/ Beth Jantzen	10/09/2018
Attorney-in-Fact	10/07/2010
<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).
- The Secured convertible note was issued in an exempt transaction pursuant to a securities purchase agreement dated August 31, 2018 at a (1) purchase price of 100% of its principal balance.

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.