GORMAN GERARD G

Form 4 June 16, 2006

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

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

may continue. See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * GORMAN GERARD G

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

IMMUNOMEDICS INC [IMMU]

(Check all applicable)

OMB

Number:

Expires:

response...

Estimated average

burden hours per

OMB APPROVAL

3235-0287

January 31,

2005

0.5

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

06/14/2006

Director 10% Owner X_ Officer (give title Other (specify

C/O IMMUNOMEDICS, INC., 300

(Street)

AMERICAN ROAD

SVP, Fin. & Bus. Dev. & CFO

6. Individual or Joint/Group Filing(Check

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

below)

MORRIS PLAINS, NJ 07950

(State) (Zip)

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

1. Title of Security (Instr. 3)

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

3. 4. Securities TransactionAcquired (A) or Disposed of (D)

5. Amount of Securities Beneficially

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

(Month/Day/Year)

Code (Instr. 3, 4 and 5) (Instr. 8)

Owned Following Reported

(I) Ownership (Instr. 4) (Instr. 4)

(A)

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.

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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 Derivative Conversion Security or Exercise

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

Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

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

7. Title and Amount of 8 **Underlying Securities** (Instr. 3 and 4)

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| (Instr. 3) | Price of Derivative Security | (N | Month/Day/Year) | (Instr. | - 1 | 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) | \$ 2.63 | 06/14/2006 | | A | | 75,000 | | <u>(1)</u> | 06/14/2016 | Common Stock, par value \$0.01 per share | 75,000 | |

Relationshine

CFO

Reporting Owners

MORRIS PLAINS, NJ 07950

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|-----------|-----------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| GORMAN GERARD G | | | SVP, Fin. | | | | | |
| C/O IMMUNOMEDICS, INC. | | | & Bus. | | | | | |
| 300 AMERICAN ROAD | | | Dev. & | | | | | |

Signatures

/s/ Gerard G.

Gorman 06/16/2006

**Signature of Pate 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).
- (1) The reporting person was granted stock options pursuant to the Company's 2002 Stock Option Plan on 6/14/2006. Such stock options vest over four years at a rate of 25% per year.

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