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PAETZOLD	MARY E								
Form 4 August 28, 20)06								
								OMB A	PPROVAL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287	
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	er STATEN 5. Filed put s Section 17(rsuant to S (a) of the l	F CHA Section	NGES IN SECUE	BENEF RITIES ne Securit ding Corr	Estimated burden hou response	Estimated average burden hours per response 0.5		
(Print or Type R	esponses)								
1. Name and Address of Reporting Person <u>*</u> PAETZOLD MARY E			2. Issuer Name and Ticker or Trading Symbol IMMUNOMEDICS INC [IMMU]			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) ((Che	Check all applicable)			
(Last) (First) (Middle) C/O IMMUNOMEDICS, INC., 300 AMERICAN ROAD			(Month/Day/Year) 08/24/2006			X_Director10% Owner Officer (give titleOther (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			
MORRIS PL	AINS, NJ 0795.	0					Person	More than One R	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
	2. Transaction Date Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(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: Repo	ort on a separate line	e for each cl	ass of sec				or indirectly.		
					inforn requir	nation cont ed to respo	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not orm	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	Transactio	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

number.

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(Instr. 3)	Price of Derivative Security	(Month/Day/Y	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 Options (right to buy)	\$ 1.96	08/24/2006	А	15,000	<u>(1)</u>	08/24/2016	Common Stock, par value \$0.01 per share	15,000

Reporting Owners

Reporting Owner Name / Addr	Relationships							
	Director	10% Owner	Officer	Other				
PAETZOLD MARY E C/O IMMUNOMEDICS, IN 300 AMERICAN ROAD MORRIS PLAINS, NJ 0795	Х							
Signatures								
/s/ Mary E. Paetzold	08/28/2006							

<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).

(1) The stock options were granted pursuant to the Company's Stock Option Plan and 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.

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