Edgar Filing: Rosol Michael Stanley - Form 4

Form 4	Stanley										
January 03, 201	9										
FORM 4	4		GEGU				NGE		.	PPROVAL	
	UNITED	STATES		RITIES A shington,			NGE	COMMISSION	NOMB Number:	3235-0287	
Check this be if no longer subject to Section 16. Form 4 or										Expires: January 31 2005 Estimated average burden hours per response 0.5	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Ex Section 17(a) of the Public Utility Holding Company 30(h) of the Investment Company Act						y Act	of 1935 or Section	on			
(Print or Type Resp	oonses)										
1. Name and Address of Reporting Person <u>*</u> Rosol Michael Stanley			2. Issuer Name and Ticker or Trading Symbol				ng	5. Relationship of Reporting Person(s) to Issuer			
			NAVIDEA BIOPHARMACEUTICALS, INC. [NAVB]					(Check all applicable)			
(Last) 4995 BRADEN 240		Middle) SUITE	3. Date of Earliest Transaction $\frac{\overline{X}}{\text{below}}$ Officer (gibble below)				e title Other (specify below) f Medical Officer				
				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			
DUBLIN, OH	43017							Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secur	rities A	cquired, Disposed o	of, or Beneficia	lly Owned	
		action Date 2A. Deemed Day/Year) Execution Date, if any (Month/Day/Year)		TransactionAcquired (A) or Code Disposed of (D) H (Instr. 8) (Instr. 3, 4 and 5) C (A) H C(A) C C(A) C CODE CODE CODE CODE CODE CODE CODE CODE			SecuritiesHBeneficially()Owned()Following()Reported()Transaction(s)()	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount		Price	(Instr. 3 and 4)			
Reminder: Report	on a separate line	e for each cl	ass of sec	urities benef	icially ow	ned di	rectly o	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. Transact Code (Instr. 8)	5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title and <i>A</i> Underlying S (Instr. 3 and	Securities
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 0.38	01/02/2019		А	125,000	<u>(1)</u>	01/02/2029	Common Stock	125,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Rosol Michael Stanley 4995 BRADENTON AVE., SUITE 240 DUBLIN, OH 43017			Chief Medical Officer				
Signatures							
/s/ Jed A. Latkin for Michael S. Rosol, by attorney	y power of	f	01/03/2019				
** 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) $\frac{41,667 \text{ options will be exercisable on or after } 1/2/2019; 41,667 \text{ options will be exercisable on or after } 7/2/2019; and 41,666 \text{ options will be exercisable on or after } 1/2/2020.$

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.