**COHEN PETER A** Form 4 July 26, 2018

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB** Number:

3235-0287

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

may continue. See Instruction

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * COHEN PETER A |                  | 2. Issuer Name and Ticker or Trading Symbol POLARITYTE, INC. [COOL] | 5. Relationship of Reporting Person(s) to Issuer                                 |  |  |  |
|---|------------------|---|--|--|--|--|
|   |                  |   | (Check all applicable)   |  |  |  |
| (Last)  | (First) (Middle) | 3. Date of Earliest Transaction                                     |  |  |  |  |
|   |                  | (Month/Day/Year)  | X Director 10% Owner   |  |  |  |
| 1120 PARK AVENUE, APT. 10A                              |                  | 07/25/2018  | Officer (give titleOther (specify below)   |  |  |  |
|   | (Street)         | 4. If Amendment, Date Original                                      | 6. Individual or Joint/Group Filing(Check  |  |  |  |
|   |                  | Filed(Month/Day/Year)   | Applicable Line)   |  |  |  |
| NEW YORI  | K,, NY 10128     |   | _X_ Form filed by One Reporting Person Form filed by More than One Report Person |  |  |  |

| (City)                               | (State)                                 | (Zip) Tab   | le I - Non-l                           | Derivative                      | Secu                         | rities Acq  | quired, Disposed   | of, or Beneficia   | ally Owned  |
|--------------------------------------|---|---|--|---------------------------------|------------------------------|-------------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securi or(A) or D (Instr. 3, | ispose<br>4 and<br>(A)<br>or | d of (D)    | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Common<br>Stock                      | 07/25/2018                              |   | P                                      | 1,000                           | A                            | \$<br>24.32 | 45,000   | D  |   |
| Common<br>Stock                      | 07/25/2018                              |   | P                                      | 5,000                           | A                            | \$<br>22.97 | 50,000   | I  | By<br>Revocable<br>Trust  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative | 2. Conversion                            | 3. Transaction Date (Month/Day/Year) |                  | 4.<br>Transacti    | 5.<br>onNumber | 6. Date Exerc<br>Expiration D |                    | 7. Title Amount |                      | 8. Price of Derivative | 9. Nu<br>Deriv  |
|------------------------|--|--------------------------------------|------------------|--------------------|----------------|-------------------------------|--------------------|-----------------|----------------------|------------------------|---|
| Security<br>(Instr. 3) | or Exercise Price of Derivative Security | (Month Day/Tear)                     | (Month/Day/Year) | Code<br>(Instr. 8) | of             | (Month/Day/<br>e              | (Month/Day/Year)   |                 | ring<br>es<br>and 4) | Security (Instr. 5)    | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                        |  |                                      |                  | Code V             | (A) (D)        | Date<br>Exercisable           | Expiration<br>Date | Title N         | Number               |                        |   |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

COHEN PETER A 1120 PARK AVENUE, APT. 10A X NEW YORK,, NY 10128

# **Signatures**

/s/ Peter A. 07/26/2018 Cohen

\*\*Signature of Date
Reporting Person

# **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).

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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