## Edgar Filing: FRAKES JAMES B - Form 4

FRAKES JAI											
November 03	1		CECUE							PPROVAL	
UNITED STATES SEA				ECURITIES AND EXCHANGE COMM Washington, D.C. 20549					OMB Number:	3235-0287	
Check this if no long subject to Section 16 Form 4 or		OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:January 31 2009Estimated average burden hours per response0.5			
Form 5 obligation may conti <i>See</i> Instru- 1(b).	s Section 17(	a) of the l		ility Hold	ing Com	pany	Act of	e Act of 1934, f 1935 or Section 40	n		
(Print or Type R	esponses)										
FRAKES JAMES B Symbo			Symbol					5. Relationship of Reporting Person(s) to Issuer			
	AETHLON MEDICAL INC [AEMD]					(Check all applicable)					
				of Earliest Transaction Day/Year) 2017				Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer			
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
SAN DIEGO	), CA 92123							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Acc	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)1.Title of (Month/Day/Year)2. Transaction Date Execution Date any (Month/Day/Year)2. Transaction Date Execution Date any (Month/Day/Year)		on Date, if			spose	d of	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or (D)	Price \$	Transaction(s) (Instr. 3 and 4)			
Common Stock	10/30/2017			М	1,565	А	0.98 (1)	12,062	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly 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)	A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	10/30/2017		С	3,250	(2)	(2)	Common Stock	3,250	\$

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
			10% Owner	Officer	Other			
FRAKES JAMES B 9635 GRANITE RIDGE DI SAN DIEGO, CA 92123			Chief Financial Officer					
Signatures								
/s/ James B. Frakes	11/03/2017							

<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).

Each restricted stock unit represents the right to receive, at settlement, one share of common stock, originally issued on August 9, 2016.

- (1) Number of shares issued is net of number withheld for grantee taxes. No securities were bought or sold, rather restricted stock units were exercised.
- (2) 13,000 of the restricted stock units vested on the grant date, and 3,250 restricted units will vest each quarter beginning 1/1/17. Represents conversion of restricted stock units with common stock issued as of October 30, 2017.

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.