Cellular Biomedicine Group, Inc.

Form 4

February 17, 2015

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response...

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Cao Wei (William)

2. Issuer Name and Ticker or Trading

Symbol

Cellular Biomedicine Group, Inc.

[CBMG]

5. Relationship of Reporting Person(s) to

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

Issuer

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 02/11/2015

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

below)

below) Chief Executive Officer

(Check all applicable)

530 UNIVERSITY AVENUE, #17 (Street)

4. If Amendment, Date Original

Filed(Month/Day/Year)

Applicable Line)

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

6. Individual or Joint/Group Filing(Check

Person

PALO ALTO, CA 94301

(City) (State) (Zip)

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

1.Title of Security (Instr. 3)

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

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

(A)

Reported 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.

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.

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

1. Title of 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amor Derivative Conversion (Month/Day/Year) Execution Date, if **Transaction**Derivative **Expiration Date** Underlying Secur Security or Exercise any Code Securities (Month/Day/Year) (Instr. 3 and 4)

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(I	nstr. 3)	. 3) Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (ADisposed of (Instr. 3, 4, 5)	f (D)				
					Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am Nui Sha
	on-Qualified tock Option	\$ 20.63	02/11/2015		A	30,000		<u>(1)</u>	07/23/2021	Common Stock	30
	on-Qualified tock Option	\$ 20.63	02/11/2015		A	30,000		(2)	08/14/2021	Common Stock	30
	on-Qualified tock Option	\$ 15.53	02/11/2015		A	101,000		(3)	12/31/2021	Common Stock	10

Reporting Owners

Reporting Owner Name / Address	Relationships						
-	Director	10% Owner	Officer	Other			
Cao Wei (William) 530 UNIVERSITY AVENUE, #17 PALO ALTO, CA 94301	X		Chief Executive Officer				

Signatures

/s/ Wei
(William) Cao

**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) This option vests over a period of three years according to the following schedule: 1/3 on July 23, 2015 and 1/3 on each anniversary thereafter.
- (2) This option vests over a period of three years according to the following schedule: 1/3 on August 14, 2015 and 1/3 on each anniversary thereafter.
- (3) This option vests over a period of three years according to the following schedule: 1/3 on December 31, 2015 and 1/3 on each anniversary thereafter.

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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