### Edgar Filing: IMMUCELL CORP /DE/ - Form 4

IMMUCELL	CORP /DE/											
Form 4												
August 22, 2	016											
FORM			CECUD	TTIES A		<b>. A TT</b>	NCE		т	PPROVAL		
	UNITEI	<b>JSIAIE</b>		hington,			NGE (	COMMISSION	OMB Number:	3235-0287		
Check thi	s box		vv as	inington,	D.C. 20	549				January 31,		
	if no longer STATEMENT OF CHANG				GES IN BENEFICIAL OWN				200			
subject to Section 1				SECURITIES						Estimated average		
Form 4 or									burden hours per response 0.5			
Form 5	Filed p	ursuant to	Section 16	6(a) of the	e Securit	ies E	xchang	ge Act of 1934,				
obligatior may conti		7(a) of the	Public Ut	ility Hold	ling Com	ipany	Act of	f 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestment	Compan	y Ac	t of 194	40				
1(b).												
(Print or Type R	(action cost)											
(Thit of Type K	(esponses)											
1. Name and A	ddress of Reportin	g Person *	2. Issuer	Name and Ticker or Trading			5. Relationship of Reporting Person(s) to					
Cunningham David Symbol			Thank and There's Training				Issuer					
			-	JCELL CORP /DE/ [ICCC]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Cheo	ck all applicable	e)		
			(Month/D					Director	10%	Owner		
C/O IMMU	CELL		08/19/20	-				Officer (give below)	e title Othe below)	er (specify		
CORPORATE DRIVE	FION, 56 EVE	RGREEN						below)	below)			
	(Street)		4. If Amer	ndment, Da	te Original			6. Individual or J	oint/Group Filin	1g(Check		
Filed(Mor			onth/Day/Year)				Applicable Line)					
								_X_ Form filed by Form filed by N	One Reporting Pe More than One Re			
PORTLANI	D, ME 04103							Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acc	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction D	ate 2A. Dee	med	3.				5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea		on Date, if	Transactio		ispose	d of	Securities	Form: Direct			
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	(D) (Instr. 3.	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		<b>X</b>			(		- /	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	(				
Common Stock per							¢					
Stock, par value \$0.10	08/19/2016			Μ	5,000	А	φ 5 7 5	12,404	D			
per share							5.15					

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.

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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 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. Transactio Code (Instr. 8)	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 Amoun Underlying Securiti (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Share
Non-qualified stock options	\$ 5.75	08/19/2016	08/19/2016	М	5,000	10/12/2014	10/12/2016	Common Stock	5,00

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh					
r g i i i i i i i i i i i i i i i i i i	Director	10% Owner	Officer	Other			
Cunningham David C/O IMMUCELL CORPORATION 56 EVERGREEN DRIVE PORTLAND, ME 04103							
Signatures							
/s/Michael F Brigham Attorney-in-fact	08/2	22/2016					
**Signature of Reporting Person		Date					
Evaluation of Dechanges							

### **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.