Shea Jacqueline Elizabeth Form 3 March 27, 2019 FORM 3 <sup>UNITI</sup>

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

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

# (Print or Type Responses)

1. Name and A Person <u>*</u> Shea Jac		-	2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol INOVIO PHARMACEUTICALS, INC. [INO]							
(Last) 660 W. GE	(First)	(Middle)	03/25/2019		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			<ul><li>5. If Amendment, Date Original Filed(Month/Day/Year)</li><li>6. Individual or Joint/Group</li></ul>				
000 W. GE.	(Street)	VIN PIKE										
PLYMOUT MEETING,		.62			Director10% Owner 		w)	Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Та	ble I - N	lon-Derivati	ive Securitio	es Ber	eneficially Owned				
1.Title of Secu (Instr. 4)	ırity		Be	Amount of neficially ( istr. 4)	f Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	rship	rect Beneficial			
Reminder: Rep owned directly		ate line for ea	ch class of securitie	es benefici	<sup>ally</sup> SI	EC 1473 (7-02)						
	inform requir currer	nation conta ed to respo ntly valid OM	oond to the colle ined in this forn nd unless the fo //B control numb	n are not orm displa oer.	ays a							
,	Fable II - Der	ivative Secur	ities Beneficially	Owned (e.	g., puts, calls,	warrants, opti	ions, co	onvertible	securities)			
1. Title of Der (Instr. 4)	ivative Securit	Expir	te Exercisable and ation Date Day/Year)	Securitie	and Amount of es Underlying ive Security )	4. Conversio or Exercis Price of	e Fo	vnership rm of rivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)			

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

OMB APPROVAL

3235-0104

January 31,

2005

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OMB

Number:

Expires:

response...

Estimated average burden hours per

# **Reporting Owners**

Reporting Owner Name / Add	lress	Relationships								
	Director	10% Owner	Officer	Other						
Shea Jacqueline Elizabeth 660 W. GERMANTOWN PIKE PLYMOUTH MEETING, PAÂ	Â	Â	Chief Operating Officer	Â						
Signatures										
/s/ Jacqueline E. 03/27/ Shea	/2019									
<u>**</u> Signature of Da Reporting Person	te									
Explanation of Responses:										

# Explanation of Responses:

#### No securities are beneficially owned

\* If the form is filed by more than one reporting person, see Instruction 5(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.