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APPLIED DNA SCIENCES INC Form 4 December 23, 2015 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Hayward James A Issuer Symbol APPLIED DNA SCIENCES INC (Check all applicable) [APDN] (Last) (First) (Middle) 3. Date of Earliest Transaction _X__ Director X 10% Owner X_Officer (give title _ Other (specify (Month/Day/Year) below) below) **50 HEALTH SCIENCES DRIVE** 12/21/2015 Chairman, CEO and President (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting STONY BROOK, NY 11790 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Indirect Beneficial anv (Instr. 3, 4 and 5) Ownership (Month/Day/Year) (Instr. 8) Owned (I) Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s)

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

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(Instr. 3 and 4)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of | 8 |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------------|---|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Securities | Ľ |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | S |

or

Code V Amount (D) Price

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| (Instr. 3) | Price of Derivative Security | (Month/ | Day/Year) | (Instr. 8 | Acquired or Dispo (D) (Instr. 3, and 5) | sed of | | | | (|
|--------------------------------------|------------------------------------|------------|-----------|-----------|---|--------|---------------------|--------------------|-----------------|-------------------------------------|
| | | | | Code V | 7 (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (right to buy) | \$ 2.99 | 12/21/2015 | | А | 50,000 |) | <u>(1)</u> | 12/20/2025 | Common Stock | 50,000 |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|--|----------|-----------|-----------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Hayward James A 50 HEALTH SCIENCES DRIVE STONY BROOK, NY 11790 | Х | Х | Chairman, CEO and President | |
| Signatures | | | | |
| /s/ Beth Jantzen, Attorney-in-Fact | 12/23 | 3/2015 | | |

<u>**</u>Signature of 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).

Date

(1) $\frac{25\%}{\text{date of grant.}}$ of these options will vest and become exercisable each anniversary over four years, commencing on $\frac{12}{21}$, one year from the

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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