## Edgar Filing: Malik Usama - Form 4

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Form 4	a									
March 18, 20	019									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL 3235-0287	
Check th		Washington, D.C. 20549								
if no long subject to Section 1 Form 4 o Form 5	5 SIAIEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							2005 average urs per . 0.5	
obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(	a) of the	Public U	Itility Hol	ding Con		of 1935 or Secti			
(Print or Type I	Responses)									
1. Name and A Malik Usam	2. Issuer Name <b>and</b> Ticker or Trading Symbol IMMUNOMEDICS INC [IMMU]				5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (	Middle)	3. Date of Earliest Transaction				(Check all applicable)			
C/O IMMU THE AME	(Month/Day/Year) 03/14/2019			Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial & Business OFF						
	4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>						
MORKIS P	LAINS, NJ 0795	0					Person		1 0	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securit mAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V		· · ·				
Reminder: Rep	oort on a separate line	e for each cl	lass of sec	urities bene	Perso inform requir	ns who res nation cont ed to resp ys a curre	or indirectly. spond to the colle lained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 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
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired ( or Disposed (D) (Instr. 3, 4, and 5)	d of				
				Code V	(A)	(D) Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 17.94	03/14/2019		А	51,320		<u>(1)</u>	03/14/2026	Common Stock, par value \$0.01 per share	51,320
Stock Option (right to buy)	\$ 17.94	03/14/2019		A	25,660		(2)	03/14/2026	Common Stock, par value \$0.01 per share	25,660

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Malik Usama C/O IMMUNOMEDICS, INC. 300 THE AMERICAN ROAD MORRIS PLAINS, NJ 07950			Chief Financial & Business OFF				

## Signatures

/s/ Usama Malik 03/18/2019 <u>\*\*Signature of</u> Date

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).
- (1) The reporting person was granted stock options pursuant to the Issuer's 2014 Long-Term Incentive Plan (the "Plan"). The stock options vest 25% on the first anniversary of the date of grant, and in 6.25% in equal quarterly installments thereafter.

The reporting person was granted stock options pursuant to the Plan. The stock options vest (i) 50% upon the Issuer's receipt of approval from the U.S. Food and Drug Administration for the Issuer's Biologics License Application for sacituzumab govitecan for the treatment

(2) If off the U.S. Food and Didg Administration for the issuer's Biologics Electrics Application for sacruzumab govitecian for the treatment of patients with metastatic triple-negative breast cancer who have received at least two prior therapies for metastatic disease under the Prescription Drug User Fee Act, and (ii) 50% on the second anniversary of the date of grant.

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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