

Actinium Pharmaceuticals, Inc.
 Form 3
 March 17, 2015

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

OMB APPROVAL

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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 Address of Reporting Person * Â Nicholson, C. David (Last) (First) (Middle) | 2. Date of Event Requiring Statement (Month/Day/Year) 12/28/2012 | 3. Issuer Name and Ticker or Trading Symbol Actinium Pharmaceuticals, Inc. [ATNM] | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) | 5. If Amendment, Date Original Filed(Month/Day/Year) |
|---|--|--|---|--|

C/O ACTINIUM
 PHARMACEUTICALS,
 INC., Â 546 5TH AVENUE,
 14TH FLOOR
 (Street)

NEW YORK, Â NY Â 10036
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
| Restricted Stock ⁽¹⁾ | 10,000 | D | Â |

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

SEC 1473 (7-02)

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

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security | 4. Conversion or Exercise | 5. Ownership Form of | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|--|---------------------------|----------------------|--|
|---|---|--|---------------------------|----------------------|--|

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| | Date Exercisable | Expiration Date | (Instr. 4) Title | Amount or Number of Shares | Price of Derivative Security | Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | |
|----------------------------------|------------------|-----------------|---------------------|----------------------------|------------------------------|---|---|
| Options to purchase common stock | Â (2) | 02/10/2022 | Options | 49,950 | \$ 0.784 | D | Â |
| Options to purchase common stock | Â (3) | 08/30/2022 | Options | 49,950 | \$ 1.5 | D | Â |
| Options to purchase common stock | Â (4) | 02/18/2025 | Options | 25,000 | \$ 3.58 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| Nicholson, C. David C/O ACTINIUM PHARMACEUTICALS, INC. 546 5TH AVENUE, 14TH FLOOR NEW YORK, NY 10036 | Â X | Â | Â | Â |

Signatures

/s/ David
Nicholson

03/16/2015

**Signature of
Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) 100% of the Restricted Stock vests one year from August 8, 2013.
- (2) Options granted on February 10, 2012 to purchase an aggregate of 49,950 shares of common stock. Options vest at 28% on the 12 month anniversary and at a rate of 2% per month thereafter.
- (3) Options granted on August 30, 2012 and December 17, 2012 to purchase an aggregate of 49,950 shares of common stock. Options vest at a rate of 2% per month.
- (4) Options granted on February 18, 2015 to purchase an aggregate of 25,000 shares of common stock. Options vest at a rate of 2% per month.

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.