### Edgar Filing: Cellular Biomedicine Group, Inc. - Form 4

Cellular Biomedicine Group, Inc. Form 4 October 31, 2014

Common

Common

Stock

Stock

October 31, 2	2014										
FORM	1 4								OMB	APPROV	AL
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235	5-0287
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEF											ary 31, 2005
Section 1 Form 4 o	Section 16. SECURITIES Form 4 or						Estimated avera burden hours per response				
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(	a) of the 1	Public U	tility Hol		any Act	nge Act of 193 of 1935 or Sec 940				
(Print or Type F	Responses)										
1. Name and Address of Reporting Person *2. ICao Wei (William)Sym				er Name <b>and</b>	5. Relationship of Reporting Person(s) to Issuer						
			Cellular Biomedicine Group, Inc. [CBMG]				(Check all applicable)				
(Month				Date of Earliest Transaction onth/Day/Year)			X Director X Officer ( below)			0% Owner Other (specify	7
530 UNIVE	RSITY AVENU	E, #17	10/26/2	2014			· · · · · · · · · · · · · · · · · · ·	ief Exe	ecutive Of	fficer	
				lf Amendment, Date Original ed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
PALO ALT	O, CA 94301						Form filed Person	by Mor	e than One	Reporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative Sec	urities A	cquired, Dispose	d of, a	or Benefic	ially Owne	ed
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day/Year)			Date, if TransactionAcquired (A) or Code Disposed of (D)		(D)	5. Amount of Securities Beneficially Owned	Form Direc	ership I I: I et (D) (	7. Nature of Indirect Beneficial Ownership		
				Code V	(A or Amount (D	•	Following Reported Transaction(s) (Instr. 3 and 4)	or Ind (I) (Instr		(Instr. 4)	

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
Reporting Owner Hume / Humess	Director	10% Owner	Officer	Other				
Cao Wei (William) 530 UNIVERSITY AVENUE, #17 PALO ALTO, CA 94301	Х		Chief Executive Officer					

## **Signatures**

10/31/2014
Date

## **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).

Reporting Person received 1,602 shares of common stock, par value \$0.001 per share ("Common Stock"), of Cellular Biomedicine Group,
 Inc. (the "Company") as the final installment on shares (the "Compensation Shares") issued as compensation for services on the board of Cellular Biomedicine Group Ltd. prior to such entity becoming the Company?s wholly-owned British Virgin Islands subsidiary. Such shares represent the portion of Compensation Shares that vested on October 26, 2014.

(2) Reporting Person jointly owns W and J Development Ltd. with his spouse. As such, the Reporting Person may be deemed to have an indirect pecuniary interest in the shares of Common Stock held directly by W and J Development Ltd.

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.