CAPRICOR THERAPEUTICS, INC.

Form 3

December 02, 2013

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

OMB APPROVAL

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SECURITIES

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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 *

Manzo Louis

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

11/20/2013

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

CAPRICOR THERAPEUTICS, INC. [NLTXD]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O CAPRICOR THERAPEUTICS, INC., Â 8840

WILSHIRE BLVD., 2ND

FLOOR

(Street)

(Check all applicable)

10% Owner _X_ Director Officer Other (give title below) (specify below)

6. Individual or Joint/Group

Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

BEVERLY HILLS, CAÂ 90211

> (State) (City)

(Zip)

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security

(Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Direct (D) or Indirect

(Instr. 5)

COMMON STOCK Ι 638,155 See footnote (1)

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**

Conversion or Exercise

5. Ownership Form of

6. Nature of Indirect Beneficial Ownership

1

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			(Instr. 4)		Price of	Derivative	(Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	11/01/2007(2)	11/01/2017	COMMON STOCK	20,748	\$ 0.16	D	Â
Stock Option (right to buy)	09/25/2010(3)	09/25/2020	COMMON STOCK	82,994	\$ 0.37	D	Â
Stock Option (right to buy)	04/27/2012(4)	04/27/2022	COMMON STOCK	154,555	\$ 0.37	D	Â
Stock Option (right to buy)	04/27/2012(5)	04/27/2022	COMMON STOCK	124,491	\$ 0.37	D	Â
Stock Option (right to buy)	02/22/2013(6)	02/22/2023	COMMON STOCK	14,015	\$ 0.37	D	Â

Reporting Owners

Reporting Owner Name / Address		Relationsh	Relationships % Owner Officer Â	
F	Director	10% Owner	Officer	Other
Manzo Louis				
C/O CAPRICOR THERAPEUTICS, INC.	λv	Â	Â	â
8840 WILSHIRE BLVD., 2ND FLOOR	ΑΛ	A	А	А
BEVERLY HILLS Â CAÂ 90211				

Signatures

/s/ Linda Marban, as Attorney-in-Fact

**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).
- 638,155 shares of common stock are beneficially owned by Coniston Corporation. Mr. Manzo is the sole owner of Coniston Corporation (1) and therefore is deemed to be the beneficial owner of all shares of Capricor Therapeutics, Inc. held by Coniston Corporation. Mr. Manzo is deemed to have sole voting and dispositive power with respect to the shares beneficially owned by Coniston Corporation.
- (2) Vesting schedule is as follows: This option is deemed fully vested.
- (3) Vesting schedule is as follows: This option is deemed fully vested.
- (4) Vesting schedule is as follows: This option vests monthly over 48 months commencing May 1, 2012.
- (5) Vesting schedule is as follows: This option is deemed fully vested.
- Vesting schedule is as follows: 25% of the shares of common stock subject to this option vested immediately, with the remainder vesting over 36 months commencing May 1, 2013.

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Remarks:

Reporting Owners 2

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Exhibit 24 - Power of Attorney

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.