

SECURITIES & EXCHANGE COMMISSION EDGAR FILING

Sevion Therapeutics, Inc.

Form: 4

Date Filed: 2017-02-16

Corporate Issuer CIK: 1035354

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

OMB APPROV	'AL
OMB Number:	3235-0287
Estimated average burder	n hours
per response	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type	Responses)																	
1. Name and FROST PH		eporting Person [*] ET AL			Sevion Therapeutics, Inc. [SVON]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 4400 BISCAYNE BOULEVARD					Date of Earliest Transaction (Month/Day/Year) 02/14/2017									er (give title	e below)		(specify below)	
(Street) MIAMI, FL 33137				4. If A	4. If Amendment, Date Original FiledMonth/Day/Year)							Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)		(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
(Instr. 3) Date		2. Transaction Date (Month/Day/Y	Execut (ear) any		emed on Date, if Day/Year)	(Instr. 8)		(A) or Disposed of		f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect	7. Nature of Indired Beneficia Ownersh (Instr. 4)			
							C	Code	V	Amount (A)		Price	ce ce			(I) (Instr. 4)	(moti: 4)	
Reminder: Re	eport on a sep	parate line for each	class of securities b	oeneficia	ally ow	vned direc	tly or	F	Persons form are		ired to					tained in this		1474 (9-0
			Table			ve Securit						-	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date Exe or Exercise (Month/Day/Year) any Price of Derivative (Mo		4.	ransaction Deriv code Secu nstr. 8) Acqu Dispo		umber of vative urities uired (A) or posed of (D) tr. 3, 4, and		ate Exer	xercisable and I Date ay/Year)		7. Title :	e and Amount of lying Securities 3 and 4)			f 9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia
				Code	v	(A)	(0	Date Exerc	cisable	Expiration Date	on	Title		ount or ober of res		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Company Stock Option	\$ 0.22	02/14/2017		Α		109,09 (1)	1	02/1	14/201	7 02/14/2	2027	Comn Stoc	1 7 ()	9,091	\$ 0.11	109,091	D	
Reporti	ng Owr	ners																
Reporting (FROST PH 4400 BISC MIAMI, FL	AYNE BO	ET AL Dire			Othe													
Signatu		02/16/20	017															
, 3/ 1 minb 1	1031	02/10/20																

Explanation of Responses:

-Signature of Reporting Person

 * If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Such options were granted to Dr. Frost in lieu of cash compensation under the Company's independent director compensation plan and are immediately exercisable.

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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Print or Type F	Responses)																
1. Name and A FROST PH		eporting Person [±] ET AL		Issuer Name and Ticker or Tra Sevion Therapeutics, Inc. [§					٠,				Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
4400 BISC	AYNE BOL	(First) JLEVARD	(Middle)		Date of Earliest Transaction (Month/Day/Year) 02/14/2017						Officer (give titl	e below)		(specify below)			
MIAMI, FL (33137	(Street)		4. If Am	4. If Amendment, Date Original FiledMonth/Day/Year)						Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)		(State)	(Zip)				Tab	le I - No	on-Der	ivative Se	curitie	es Acquire	d, Disposed o	f, or Benef	icially Owned		
1.Title of Secu (Instr. 3)	rity		2. Transaction Date (Month/Day/Y	Exec ear) any	cutic	on Date, if C			A) II)	Securities A) or Disponstr. 3, 4 a	sed of	(D) Fol	Amount of Sec lowing Reporte str. 3 and 4)		,	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi
Reminder: Re	port on a sep	arate line for each	class of securities b	e II - Deriv	vativ	ve Securitie	s Ac	Po fo O quired	ersons orm are MB coo	not requ ntrol num osed of, o	ired to ber. r Bene	respond o			tained in this a currently va		1474 (9-02
Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if	Code	on	5. Number of Derivative Securities Acquired (A Disposed of (Instr. 3, 4, 4) or f (D)	Expira	ation Da h/Day/\				Amount of Securities d 4) Amount or Number of Shares	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Derivative Security: Direct (D) or Indirect	Beneficial
Company Stock Option	\$ 0.22	02/14/2017		Α		109,091 (1)		02/14	4/2017	7 02/14/	2027	Commo	109,091	\$ 0.11	109,091	D	

Reporting Owners

Barrantia a Common Nama / Adduses	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
FROST PHILLIP MD ET AL 4400 BISCAYNE BOULEVARD MIAMI, FL 33137	Х							

Signatures

/s/ Phillip Frost	02/16/2017
Signature of Reporting Person	Date

Explanation of Responses:

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