

SECURITIES & EXCHANGE COMMISSION EDGAR FILING

CAPRICOR THERAPEUTICS, INC.

Form: 4

Date Filed: 2018-01-04

Corporate Issuer CIK: 1133869

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FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average bur	dan houre						

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES per response...

obligations may continue. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the See Instruction 1(b). Investment Company Act of 1940

(Print or Type	Responses)																		
Name and Address of Reporting Person Musket David B						Issuer Name and Ticker or Trading Symbol CAPRICOR THERAPEUTICS, INC. [CAPR]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O CAPRICOR THERAPEUTICS, INC., 8840 WILSHIRE BLVD., 2ND FLOOR					3. Date 01/02			ansactio	on (N	fonth/Day	y/Year)		^	Officer (give titl	e below)		(specify below)		
WILSHIRE	: BLVD., 2N	(Street)			Δ If Δ	nondi	mont Do	to Origin	ool E	iledMonth/l	D0/			6	ndividual or I	oint/Group I	Filing/Ob I. A II		
BEVERLY	HILLS, CA	, ,			4. II AI	nenai	тепі, ра	ite Origir	іаі г	IIEQMonth/I	Day/Year)			_X_	Form filed by One Form filed by Mor	Reporting Pers		cable Line)	
(City)				Tabl	le I -	Non-Der	ivative S	ecurit	quire	d, Disposed o	of, or Benef	ficially Owned							
1.Title of Security 2. Transaction					2A.	Deer	ned	3. Tran	Transaction 4. Securities Acqu					5. A	mount of Sec	urities Bene	eficially Owned	6.	7. Nature
(Instr. 3) Date			Exe ear) any		n Date, if Day/Year)	(Instr. 8			(A) or Disposed (Instr. 3, 4 and 5		of (D)	Foll	Following Reported Transaction(s) (Instr. 3 and 4)			Form: Direct (D)	of Indirect Beneficial Ownership		
								Cod	de	V	Amount	(A) or (D)	Price	се				or Indirect (I) (Instr. 4)	(Instr. 4)
Reminder: Re	anort on a son	arate line for each	clace	of securities h	onoficial	ly ow	ned direc	etly or in	diroc	>tlv									
	port on a sop	arate inte tot each	Oldoo	or accumines b	orionola	.,	nou unoc	Say Of Its		Persons form are		ıired t					tained in this a currently va		1474 (9-02)
				Table					•		osed of, o			-	ned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution D Security Conversion (Month/Day/Year)		ution Date, if	Code			ve es d (A) or ed of (D)	Ex (M	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou Underlying Secur (Instr. 3 and 4)		Securities		9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	٧	(A)	(D)	Ex	ate ercisable	Expiration Date	n	Title		Amount or Number of Shares		Transaction(s (Instr. 4)	(l) (Instr. 4)	
Stock Option (right to buy)	\$ 1.57	01/02/2018			Α		38,00	00		<u>(1)</u>	01/02/2	2028	Com Sto	mon ock	38,000	\$0	38,000	D	
Reporti	ng Own	ers																	
Repo	rting Owner I	Name / Address			elations % Owne	Ė	icer Oth	ner											
	COR THE	RAPEUTICS, I D., 2ND FLOOI 90211		X	o Owne	Oil	icei Otti												
Signatu	ires																		
/s/ Linda Marban, as Attorney-in-Fact 01/04/																			
Explana	ation of	Response	es:	_															
		re than one reporti					/iolations	. <i>See</i> 18	3 U.S	S.C. 1001	and 15 L	J.S.C.	78ff(a).						
(1) $\frac{1/12}{1/12}$ on the option	e first day of e can be exerci	I vest 1/48th on the each month, comme sed at any time. If and will be subject	encing the re	February 1, 2 porting persor	2018, wit elects t	h the o take	last mon	ith vestir age of th	ng or ie ea	n Decemb Irly exerci	oer 31, 20 ise featur	18. Ho e and p	owever purcha:	, the c	ption is subje ares prior to th	ct to early e e vesting of	xercise and, the such shares, t	erefore, all c	or any part o
Note: File thre	e copies of th	is Form, one of wh	ich mu	ust be manual	y signed	l. If sp	oace is in	sufficien	nt, <i>se</i>	e Instruc	tion 6 for	proced	dure.						
Potential pers	ons who are to	o respond to the co	llectio	on of information	on conta	ined i	n this for	m are no	ot red	quired to	respond (unless	the for	m dis	olays a curren	tly valid OM	1B number.		

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

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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

0.5 per response..

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)															
Name and Address of Reporting Person						lame and					ţ	Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Musket David B										C. [CAPR]		(Crieck all applicable)				
(Last) (Middle) C/O CAPRICOR THERAPEUTICS, INC., 8840 WILSHIRE BLVD., 2ND FLOOR					e of E 2/201	arliest Tra 8	ansactio	n (Mon	th/Day	//Year)	Officer (give title below) Other (specify below)					
WILSHIRE	: BLVD., 2N															
DEVEDIV		(Street)		4. If A	mendr	ment, Dat	te Origin	al Filed	Month/I	Day/Year)		S. Individual or C X_Form filed by On Form filed by Mo	e Reporting Per	son	able Line)	
	HILLS, CA															
(City)		(State)	(Zip)				Tabl	e I - No	n-Der	ivative Secur	ities Acqui	ed, Disposed	of, or Benef	ficially Owned		
(Instr. 3) Date		2. Transaction Date (Month/Day/	Ex Year) an	2A. Deemed Execution Date, r) any (Month/Day/Yea		(Instr. 8	3)	(A	Securities Ac A) or Disposed nstr. 3, 4 and 5	of (D) F 5) (I		curities Beneficially Owned ted Transaction(s)		Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Cod	de	V	mount (D)	Price				(Instr. 4)	
Reminder: Re	eport on a sep	arate line for each o		ole II - De	rivativ	e Securi	ties Acc	Pe for ON quired,	ersons rm are MB con	not required ntrol number. osed of, or Be	to respond	ection of infor I unless the fo				1474 (9-02)
1. Title of Derivative Conversion Security Price of Derivative Security 2. 3. Transaction Date (Month/Day/Year Derivative Security			3A. Deemed Execution Date, i any (Month/Day/Year	4. f Transac Code	Fransaction Derivation Code Securit Instr. 8) Acquire Dispos		er of ve	6. Da Expira		rcisable and Date	7. Title an	d Amount of g Securities ad 4)		9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Stock Option (right to buy)	\$ 1.57	01/02/2018		А		38,00	00	2	<u>(1)</u>	01/02/2028	Commo Stock	38.000	\$0	38,000	D	
Reporti	ng Own	iers														
Repo	rting Owner N	Name / Address		Relations	T	icer Othe	er									
8840 WILS	RICOR THE	RAPEUTICS, II D., 2ND FLOOF 90211	1 X I													

Signatures

/s/ Linda Marban, as Attorney-in-Fact	01/04/2018
Signature of Reporting Person	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).
- 10,500 of the shares will vest 1/48th on the first day of each month, commencing February 1, 2018, until the stock option becomes fully vested and exercisable. The remaining 27,500 shares will vest (1) 1/12 on the first day of each month, commencing February 1, 2018, with the last month vesting on December 31, 2018. However, the option is subject to early exercise and, therefore, all or any part of the option can be exercised at any time. If the reporting person elects to take advantage of the early exercise feature and purchase shares prior to the vesting of such shares, the shares will be deemed restricted stock and will be subject to a repurchase option in favor of the Registrant if the reporting person's service to the Registrant terminates prior to vesting.

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.