## Edgar Filing: Fibrocell Science, Inc. - Form 4

| Fibrocell Sci<br>Form 4<br>June 06, 201  |   |   |  |   |                |   |  |   |   |  |
|--|---|---|--|---|----------------|---|--|---|---|--|
| FORM   | ЛЛ  |   |  |   |                |   |  | OMB AF  | PROVAL  |  |
|  | RITIES AND EXCHANGE CO<br>Ishington, D.C. 20549<br>NGES IN BENEFICIAL OWNE<br>SECURITIES<br>16(a) of the Securities Exchange A<br>Itility Holding Company Act of 19 |   |  |   | OMMISSION      | OMB<br>Number:  | 3235-0287  |   |   |  |
| Check th<br>if no long<br>subject to<br>Section 1<br>Form 4 c<br>Form 5<br>obligatio<br>may cont |   |   |  |   | e Act of 1934, | Expires: January<br>20<br>Estimated average<br>burden hours per<br>response                             |  |   |   |  |
| See Instr<br>1(b).   |   | 30(h) of the In   | nvestment  | Compan  | y Act          | t of 194  | 0  |   |   |  |
| (Print or Type l   | Responses)  |   |  |   |                |   |  |   |   |  |
| Pernock David Symbol   |   |   | er Name <b>and</b> Ticker or Trading<br>ell Science, Inc. [FCSC] |   |                |   | 5. Relationship of Reporting Person(s) to Issuer   |   |   |  |
|  |   |   |  |   |                |   | (Check all applicable)   |   |   |  |
|  |   |   | of Earliest Transaction<br>h/Day/Year)<br>/2014                  |   |                |   | X Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>Chief Executive Officer           |   |   |  |
|  |   |   | nendment, Date Original<br>onth/Day/Year)                        |   |                | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |  |   |   |  |
| EXTON, PA  | A 19341   |   |  |   |                |   | Form filed by M<br>Person  | ore than One Re   | porting   |  |
| (City)   | (State) (Z  | Zip) Tab  | le I - Non-I   | Derivative  | Securi         | ities Acqu  | uired, Disposed of   | , or Beneficial   | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | -   | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | Code   | 4. Securit<br>on(A) or Dia<br>(Instr. 3, 4)<br>Amount | sposed         | l of (D)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock  | 06/05/2014  |   | Р  | 12,500  | А              | \$<br>2.954   | 22,500   | D   |   |  |

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.

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Address                                  |            | Relationships |         |                         |  |  |  |  |
|---|------------|---------------|---------|-------------------------|--|--|--|--|
|   | Director   | 10% Owner     | Officer | Other                   |  |  |  |  |
| Pernock David<br>C/O 405 EAGLEVIEW BOULEVARD<br>EXTON, PA 19341 |            | Х             |         | Chief Executive Officer |  |  |  |  |
| Signatures  |            |               |         |                         |  |  |  |  |
| /s/David<br>Pernock   | 06/05/2014 |               |         |                         |  |  |  |  |
| **Signature of  | 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).

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.

Reporting Person