#### Edgar Filing: SETH SANDESH - Form 4

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Form 4 August 04, 20											
FORM	1 4	1							OMB APPROVAL		
	UTTE	O STATES		ITIES Al hington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this if no long subject to Section 10 Form 4 or Form 5		SECUR	ITIES			NERSHIP OF e Act of 1934,	Estimated aver burden hours p response				
obligation may conti <i>See</i> Instru 1(b).	nue. Section 1			ility Hold vestment (	-			1935 or Section 0	n		
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> SETH SANDESH			2. Issuer Name <b>and</b> Ticker or Trading Symbol Actinium Pharmaceuticals, Inc. [ATNM]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O ACTINIUM PHARMACEUTICALS, INC, 275 MADISON AVENUE, 7TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 08/02/2017					X Director 10% Owner X Officer (give title Other (specify below) below) Chairman & CEO			
			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YORK	K, NY 10016							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecuri	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Execution any	ned	3. Transactio Code (Instr. 8)	4. Securit	ies Ac sposed	quired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	08/02/2017			Code V P	Amount 33,333	(D) A	Price \$ 0.75	(Instr. 3 and 4) 75,833	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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					
	Director	10% Owner	Officer	Other		
SETH SANDESH C/O ACTINIUM PHARMACEUTICALS, INC 275 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10016	Х		Chairman & CEO			
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### Signatures

/s/ Sandesh Seth	08/04/2017
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Date

\*\*Signature of Reporting Person

# **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.