Edgar Filing: Advaxis, Inc. - Form 4

| Advaxis, Inc. | | | | | | | | | | | | | |
|--------------------------------------|------------------|---------------|--|--|-------------------|---------------------------------------|-------|-----------|---|---------------------------------------|-------------------------|--|--|
| Form 4 | | | | | | | | | | | | | |
| January 09, 2 | 2014 | | | | | | | | | | | | |
| FORM | 4 | | | | | | | | | | PPROVAL | | |
| | • • UNITE | ED STATE | | ITIES A hington | | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | | |
| Check thi | | | | U | | | | | | Expires: | January 31, | | |
| if no long subject to | | EMENT C | OF CHAN | GES IN | BENE | FIC | CIAI | LOW | NERSHIP OF | • | 2005 | | |
| Section 1 | | | | SECUI | SECURITIES | | | | | Estimated average burden hours per | | | |
| | Form 4 or | | | | | | | | | response 0.5 | | | |
| Form 5 obligatior | 10 | ^ | | | | | | - | ge Act of 1934, | | | | |
| may conti | | | | • | • | - | • | | f 1935 or Sectio | n | | | |
| See Instru | | 30(h |) of the Inv | vestment | t Compa | ny | Act | of 19 | 40 | | | | |
| 1(b). | | | | | | | | | | | | | |
| (Print or Type R | Responses) | | | | | | | | | | | | |
| (i iiii oi i jpo i | (coponses) | | | | | | | | | | | | |
| 1. Name and A | ddress of Report | ting Person * | 2. Issuer | Name an | d Ticker (| or Ti | radin | g | 5. Relationship of | f Reporting Per | son(s) to | | |
| PETIT ROBERT Symbol | | | | | | | | 0 | Issuer | | | | |
| | | | | kis, Inc. [ADXS] | | | | | (Check all applicable) | | | | |
| (Last) (First) (Middle) 3. Date of H | | | | e of Earliest Transaction | | | | | (Check all applicable) | | | | |
| × / | ~ / | × / | | h/Day/Year) | | | | | Director 10% Owner | | | | |
| | | | | /07/2014 | | | | | _X_ Officer (give title Other (specify below) | | | | |
| | | | | | | | | | · · · · · · · · · · · · · · · · · · · | Scientific Offic | er | | |
| | (Street) | | 1 If Ame | ndmant D | ata Origin | | | | 6 Individual or I | oint/Group Fili | ng(Chaok | | |
| | | | | mendment, Date Original Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| 1 ned(woh | | | | onth Day (Cal) | | | | | _X_ Form filed by One Reporting Person | | | | |
| PRINCETO | N, NJ 08540 | | | | | | | | Form filed by M Person | More than One Re | eporting | | |
| | (Stata) | (Tin) | | | | | | | | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-l | Derivativ | e Se | ecuri | ties Ac | quired, Disposed of | f, or Beneficia | lly Owned | | |
| 1.Title of | 2. Transaction | | | 3. | 4. Sec | | | | 5. Amount of | 6. Ownership | | | |
| Security | (Month/Day/Y | ion Date, if | | tionAcquired (A) or | | | | | Form: Direct | | | | |
| (Instr. 3) | | any (Month | Code Dis /Day/Year) (Instr. 8) (Ins | | | Disposed of (D) Instr. 3, 4 and 5) | | | Beneficially Owned | (D) or Indirect (I) | Beneficial Ownership | | |
| | | (| | (1154.0) (1154.0, 4 and 5) | | | - / | Following | Instr. 4) | (Instr. 4) | | | |
| | | | | | | | (A) | | Reported | | | | |
| | | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | | |
| 0 | | | | Code | V Amou | | (D) | Price | (incur o und 1) | | | | |
| Common Stock | 01/07/2014 | | | А | 8,847 (1) | | А | \$0 | 25,134 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--|---------------|-----------|--------------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| PETIT ROBERT 305 COLLEGE ROAD EAST PRINCETON, NJ 08540 | | | Chief Scientific Officer | | | | | | |
| Signatures | | | | | | | | | |
| /s/ Mark J. Rosenblum, as attor Petit | 01/09/2014 | | | | | | | | |
| <u>**</u> Signature of Reporting | Person | | Date | | | | | | |
| Evalenation of De | ~ ~ ~ ~ ~ | | | | | | | | |

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).

(1) Represents the stock award portion of bonus compensation for services rendered during fiscal year 2013.

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.