TG THERAPEUTICS, INC.

Form 4 July 09, 2015

FORM 4

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

OMB Number:

response...

3235-0287 January 31,

0.5

Check this box if no longer

subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Expires: 2005 Estimated average burden hours per

OMB APPROVAL

Form 4 or Form 5

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

STOCK

(Print or Type Responses)

1. Name and Address of Reporting Person ** KENNEDY WILLIAM JAMES		- 2. ISSUCI I	Name and Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Mic		ERAPEUTICS, INC. [TGTX Earliest Transaction	(Check all applicable)			
, ,		(Month/Da	ay/Year)	_X_ Director 10% Owner			
3 COLUMBUS CIRCLE, 15TH FLOOR		H 07/08/20	015	Officer (give title Other (specify below)	y		
	(Street)		ndment, Date Original th/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person			
NEW YORK	, NY 10019			Form filed by More than One Reporting Person			
(City)	(State) (Z	ip) Table	e I - Non-Derivative Securities A	cquired, Disposed of, or Beneficially Owne	e d		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(A) or		icial rship		
STOCK	07/08/2015		S 17 000 D '	08 66,490 D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

17.08

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

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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transact Code (Instr. 8)	orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	:		Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Own 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						
. 0	Director	10% Owner	Officer	Other			
KENNEDY WILLIAM JAMES 3 COLUMBUS CIRCLE 15TH FLOOR NEW YORK, NY 10019	X						

Signatures

Reporting Person

/s/ William J.
Kennedy

**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.

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