Edgar Filing: Sorrento Therapeutics, Inc. - Form 4

	herapeutics, Inc.									
Form 4 February 2	6 2015									
FOR		STATES					COMMISSION		APPROVAL 3235-0287	
Check	this box	Washington, D.C. 20549								
if no lo subject Sectior Form 4 Form 5	nger to STATEN 16. or			SECUI	WNERSHIP OF	Expires: Estimated burden ho response.	urs per			
obligat may co	ions Section 17	(a) of the l	Public U	Jtility Hol	ding Co		nge Act of 1934, of 1935 or Sectio 940	on		
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u>*</u> Ji Henry			2. Issuer Name and Ticker or Trading Symbol Sorrento Therapeutics, Inc. [SRNE]			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)		•			(Che	ck all applicab	le)	
C/O SORI	3. Date of Earliest Transaction (Month/Day/Year) 02/25/2015			X Director 10% Owner X Officer (give title Other (specify below) below)						
WEST, SU	2 CORNERSTON JITE B	ECI.					Pre	sident and CEC)	
	(Street)		4. If Amendment, Date Original			al	6. Individual or Joint/Group Filing(Check			
			Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by Form filed by	One Reporting F More than One F		
	GO, CA 92121						Person			
(City)	(State)	(Zip)	Tał	ole I - Non-l	Derivativ	e Securities A	cquired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	d (A) or d of (D) 4 and 5) (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: R	eport on a separate line	e for each cl	ass of sec	urities bene	ficially ov	vned directly	or indirectly.			
					infor requ	mation cont ired to resp ays a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or , convertible :	Beneficially Owned securities)	I		
1. Title of Derivative		saction Date /Day/Year)			4. Transac	5. Number tiorDerivative			7. Title and Amount of Underlying Securities	

Edgar Filing: Sorrento Therapeutics, Inc. - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) Disposed of ((Instr. 3, 4, ar 5)	or D)			(Instr. 3 and 4)	
				Code V	7 (A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 12.78	02/24/2015		А	160,000	(1)	02/24/2025	Common Stock	160,000	

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Ji Henry C/O SORRENTO THERAPEUTICS, INC. 6042 CORNERSTONE CT. WEST, SUITE B SAN DIEGO, CA 92121	Х		President and CEO	
Signatures				

/s/ Henry Ji 02/26/2015

<u>**</u>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).
- 25,000 options shall vest on February 24, 2016 and 2,083 options shall vest following each one month period of service after February 24,
- (1) 2016 for 36 months subject to the reporting person's continued service to the Company through each such vesting date. The remaining options shall vest upon the consummation of a certain strategic transaction.

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.