

IMMUCELL CORP /DE/  
Form 4  
July 06, 2016

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**CRABB JOSEPH H**

(Last) (First) (Middle)

**C/O IMMUCELL CORPORATION, 56 EVERGREEN DRIVE**

(Street)

**PORTLAND, ME 04103**

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
**IMMUCELL CORP /DE/ [ICCC]**

3. Date of Earliest Transaction (Month/Day/Year)  
**07/01/2016**

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
\_\_\_ Officer (give title below) \_\_\_ Other (specify below)  
**Vice President and CSO**

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) or (D)	Price		
Common Stock, par value \$0.10 per share	07/01/2016	07/01/2016	S	74	D \$ 7	115,037	D
Common Stock, par value \$0.10 per share	07/01/2016	07/01/2016	S	1,200	D \$ 6.9	113,837	D
	07/01/2016	07/01/2016	S	200	D \$ 6.95	113,637	D

Edgar Filing: IMMUCELL CORP /DE/ - Form 4

Common Stock, par value \$0.10 per share								
Common Stock, par value \$.10 per share	07/01/2016	07/01/2016	S	200	D	\$ 6.9	113,437	D
Common Stock, par value \$0.10 per share	07/01/2016	07/01/2016	S	500	D	\$ 6.93	112,937	D
Common Stock, par value \$0.10 per share	07/01/2016	07/01/2016	S	100	D	\$ 6.955	112,837	D
Common Stock, par value \$0.10 per share	07/01/2016	07/01/2016	S	100	D	\$ 6.735	112,737	D
Common Stock, par value \$0.10 per share	07/01/2016	07/01/2016	S	100	D	\$ 6.74	112,637	D
Common Stock, par value \$0.10 per share	07/01/2016	07/01/2016	S	100	D	\$ 6.785	112,537	D
Common Stock, par value \$0.10 per share	07/01/2016	07/01/2016	S	200	D	\$ 6.7	112,337	D
Common Stock, par value \$0.10 per share	07/05/2016	07/05/2016	S	1,100	D	\$ 6.6	111,237	D
Common Stock, par	07/05/2016	07/05/2016	S	1,300	D	\$ 6.56	109,937	D

value  
\$0.10 per  
share

Common  
Stock, par  
value  
\$0.10 per  
share

07/05/2016	07/05/2016	S	100	D	\$	6.5601	109,837	D
------------	------------	---	-----	---	----	--------	---------	---

Common  
Stock, par  
value  
\$0.10 per  
share

07/05/2016	07/05/2016	S <sup>(1)</sup>	100	D	\$	6.62	109,737	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.**

SEC 1474  
(9-02)

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

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu 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			
	Director	10% Owner	Officer	Other
CRABB JOSEPH H C/O IMMUCELL CORPORATION 56 EVERGREEN DRIVE PORTLAND, ME 04103			Vice President and CSO	

## Signatures

Michael F. Brigham,  
Attorney-in-fact

07/06/2016

\_\_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).
- (1) The transactions reported herein have been effectuated pursuant to a plan implemented by the reporting person pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.

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.