FORM	4

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

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)											
1. Name and Address of Reporting Perso SETH SANDESH	2. Issuer Name an Actinium Pharma			0.2		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) C/O ACTINIUM PHARMACEUT FIFTH AVENUE, 14TH FLOOR	(Middle) ICALS, INC, 546	3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015						X_Officer (give title below) Other (specify below) Executive Chairman			
(Street) NEW YORK, NY 10036		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 Form filed by More than One Reporting Person				
(City) (State)	(Zip)	Т	able I - No	n-Dei	rivative S	ecuritie	s Acqu	ired, Disposed of, or Beneficially Ow	ned		
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	

Reminder: Report on a separate line for each class of securities beneficially owned directly or	indirectly.	
		spond to the collections form are not require

SEC 1474 (9-02)

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)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	r of	6. Date Exe	rcisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	Derivative	e	Expiration I	Date	of Underlying Deriva		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities	rities (Month/Day/Year)		Securities Securities		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired	ed (A)		(Instr. 3 and 4) (I		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					or Dispos	Disposed		i i i			Owned	Security:	(Instr. 4)	
	Security					of (D)							Following	Direct (D)	
						(Instr. 3, 4	1,						- F	or Indirect	
						and 5)							Transaction(s)	· /	
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration	Title	or				
								Exercisable	Date	The	Number				
				Code	V	(A)	(D)				of Shares				
	* * *	0.0 /0.0 /0.0 1 /				1 = 0 0 0 0		(1)	00 11 0 10 00 5	Common	1 = 0 0 0 0	* * *	1.50.000	7	
Options	\$ 3.58	09/23/2014		A		150,000		<u>(1)</u>	02/18/2025	Stock	150,000	\$ 3.58	150,000	D	
										21301					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SETH SANDESH C/O ACTINIUM PHARMACEUTICALS, INC 546 FIFTH AVENUE, 14TH FLOOR NEW YORK, NY 10036	Х		Executive Chairman				

Signatures

/s/ Sandesh Seth	03/16/2015
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) Pursuant to the terms of the company's Amended and Restated 2013 Stock Plan, 2% of the options shall vest each month from the date of grant.

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.