# 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

OMB APPROVAL							
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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 Ty	pe Response	es)														
1. Name and Address of Reporting Person * TRAVERSA SERGIO				2. Issuer Name and Ticker or Trading Symbol Actinium Pharmaceuticals, Inc. [ATNM]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle) C/O ACTINIUM PHARMACEUTICALS, INC, 546 FIFTH AVENUE, 14TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015								ve title below)		er (specify below)		
(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)				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 Bexecution Date, if Control (In (Month/Day/Year)			8) (	4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5) (A) or Amount (D)		uired 5. Amount of Owned Follo		f Securities Beneficially owing Reported s)		Ownership of Form:	Nature Endirect eneficial wnership nstr. 4)			
						ls, warr	ants,	form d ired, Disp options, co	isplays osed of, onvertil	s a curr , or Beno ble secur	ently val eficially O ities)	id OMB c	ontrol nun			
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Num of Derivat Securiti Acquire (A) or Dispose (D) (Instr. 3 and 5)	expiration Date (Month/Day/Year) rities irred or cosed of r. 3, 4,		ate Amount of		of ng s		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownershi (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisab		ration	Title	Amount or Number of Shares				
Options to purchase common stock	\$ 3.58	02/18/2015		A		25,000	)	(1)	02/1	8/2025	Commo stock		\$ 3.58	25,000	D	

### **Reporting Owners**

Depositing Orange Name / Adduces	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
TRAVERSA SERGIO C/O ACTINIUM PHARMACEUTICALS, INC 546 FIFTH AVENUE, 14TH FLOOR NEW YORK, NY 10036	X						

## **Signatures**

/s/ Sergio Traversa	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.