FORM 4

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response	0.5								

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)																	
Name and Address of Reporting Person * CICIC DRAGAN					2. Issuer Name and Ticker or Trading Symbol Actinium Pharmaceuticals, Inc. [ATNM]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O ACTINIUM PHARMACEUTICALS, INC, 546 FIFTH AVENUE, 14TH FLOOR															Director				
(Street)						_X_ F									ndividual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
NEW YORK, NY 10036 (City) (State) (Zip)							Т	hle I	- Non	n_Deriv	ative S	Securities		Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year					2A. Deemed Execution Date, if			3. Tr	ansact	tion 4	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	Beneficial	
					(Month/Day/Ye		/Year)	Co	ode	VA	moun	(A) or (D)	Price (I	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	stock		05/07/2015]	F	5	60 (1)	D	\$ 2.52 5	60	D		D		
Common stock 05/07/2015]	D	2	,380	11)	\$ 2.52 5	60			D			
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, i		4. Transaction Code		ls, warrant 5. Number		Expiration Date A (Month/Day/Year) U Sc (Ii						9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Ownership (Instr. 4)		
					Code	v	and 5			ercisable	Exp	iration	Title	Amoun or Number of Shares				,	
Options to purchase common stock	\$ 2.52	05/07/2015			A		2,874	4	05/0	07/201	5 05/0	07/2025	Comme stock	on 2 874	\$ 2.52	2,874	D		
Repoi	rting O	wners																	
								R	elatio	nships									
l	Reporting O	Reporting Owner Name / Address Director 10% Owner Officer Oth									her								

Signatures

NEW YORK, NY 10036

CICIC DRAGAN

/s/ Dragan Cicic	05/22/2015
Signature of Reporting Person	Date

C/O ACTINIUM PHARMACEUTICALS, INC

546 FIFTH AVENUE, 14TH FLOOR

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).

COO and Chief Medical Officer

were granted to the recipient.

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.