## 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							
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 Type Responses)  1. Name and Address of Reporting Person * Steinhart Richard I  (Last) (First) (Middle)  C/O ACTINIUM PHARMACEUTICALS, INC, 275 MADISON AVENUE, 7TH FLOOR				2. Issuer Name and Ticker or Trading Symbol Actinium Pharmaceuticals, Inc. [ATNM]						5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
				3. Date of Earliest Transaction (Month/Day/Year) 04/14/2016							Officer (give title below) Other (specify below)				
(Street)  NEW YORK, NY 10016				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 Acqui							ired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)				2A. Deemed Execution Date, any (Month/Day/Yes		(Instr. 8)	(A) or Disposed (Instr. 3, 4 and 5		sposed o	of (D) Owned Follo				Ownership Form:	Beneficial Ownership
						Code	V A		(Ď)	Price				Instr. 4)	
Common	Stock		04/14/2016			P	2,	500 A	Δ	\$ 2.01 2,5	500			D	
		3. Transaction	Table II - I		calls, wa	es Acquire	contain form dis	ed in the splays a sed of, on the sed of, on the sed of, on the sed of the se	his fori a curre or Bene le secur	m are not ently valid eficially Ov	t required id OMB co wned	ontrol nun	nd unless t	he	
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	3A. Deemed Execution Date, if	4. Transact	5. Notion of Deriv Secu Acqu (A) C Disp	es Acquire rrants, op imber 6. Exvative (M rrities nired or osed of	contain form dis ed, Dispo tions, cor	ed in the splays a sed of, of the sed of the	his form a curre or Bene le securi	m are not ently valid eficially Ov ities)	t required d OMB co wned	to respondent on trol numbers of 8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Owners Form or Derivat Security Direct ( or Indir	Owner (Instr. 4
Title of     Derivative     Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, if any	4. Transact	5. Notion of Deriv Secu Acqu (A) C Disp	es Acquire rrants, optimber 6. Ex- vative (Merities nired or osed of	contain form dis ed, Dispos tions, cor Date Exe xpiration	ed in the splays a sed of, of the sed of the	his form a curre or Bene le securi	eficially Ovities) 7. Title an Amount o Underlyin Securities	t required d OMB co wned	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form o Derivat Security Direct ( or Indir	11. Nat of Indi Benefit Owner (Instr. 4
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# Signatures

NEW YORK, NY 10016

Steinhart Richard I

/s/ Richard Steinhart	04/18/2016
**Signature of Reporting Person	Date

Reporting Owner Name / Address

C/O ACTINIUM PHARMACEUTICALS, INC

275 MADISON AVENUE, 7TH 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).

Director

X

(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.

Relationships

Officer

Other

10% Owner

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.

