# FORM 4

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

OMB APPROVAL					
MB Number:	3235-0287				
stimated average burden					
ours per response	e 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 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	es)														
1. Name and Address of Reporting Person - CICIC DRAGAN  (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	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below) Chief Medical Officer  6. Individual or Joint/Group Filing(Check Applicable Line) X, Form filed by One Reporting Person Form filed by More than One Reporting Person				
				3. Date of Earliest Transaction (Month/Day/Year) 04/15/2016												
(Street) NEW YORK, NY 10036			4. If Amendment, Date Original Filed(Month/Day/Year)													
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu							s Acquir	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if Code (Instr. (Month/Day/Year)		ode	8)	4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		of (D) O	(D) Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed C	Ownership of Form: Be	Nature Indirect eneficial wnership nstr. 4)			
			Table II - I					form	displa	ys a curr	ently va	ılid OMB c		nd unless th	ie	
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion	5. Numl of Derivat: Securiti Acquire (A) or Dispose (D) (Instr. 3 and 5)	ber 6. Date Exercisable and Expiration Date (Month/Day/Year) es ed d of		te Amount of		of ring es		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownershi (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisal		piration te	Title	Amount or Number of Shares				
Options to purchase common stock	\$ 1.99	04/15/2016		A		50,000	)	(1)	04	/15/2026	Comm Stock	150 000	\$ 1.99	50,000	D	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CICIC DRAGAN C/O ACTINIUM PHARMACEUTICALS, INC 275 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10036			Chief Medical Officer				

# **Signatures**

/s /Dragan Cicic	04/18/2016
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) 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.