FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| DMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| ours per respon | se 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) | | | | | | | | | | | | | | |
|--|------------------|---|--|---|---|----------------------------------|-----------------|--|---|--|---|---|-------------|--|--|-------------------------|
| Name and Address of Reporting Person * Berger Mark Stanley | | | | 2. Issuer Name and Ticker or Trading Symbol Actinium Pharmaceuticals, Inc. [ATNM] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) (First) (Middle) C/O ACTINIUM PHARMACEUTICALS, INC, 275 MADISON AVENUE, 7TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2017 | | | | | | Director 10% Owner X Officer (give title below) Other (specify below) Chief Medical Officer | | | | | |
| (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 Acqu | | | | | | Acqui | red, Dispe | osed of, or | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year | 2A. Deemed Execution Da any (Month/Day/ | | if Code (Instr. 8) | | | A. Securities Ac (A) or Disposed (D) (Instr. 3, 4 and 2 | | of | Beneficia Reported | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4) | | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | V | Amount | (A) or (D) | Price | | | | (I) (Instr. 4) | |
| Common | stock | | 06/15/2017 | | | | P | | 5,000 | A | \$ 1.11 | 5,000 | | | D | |
| | | | Table II - | | ve Securi s, calls, w | | cquire | the fo | orm dis sposed o | plays a f, or Ber | curre neficial | ntly valid | d OMB cor | espond uni ntrol numb | | 02) |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/ | 3A. Deemed Execution D any | 4. Transaction Code (Year) (Instr. 8) | | 5. No of Der Sec (A) Dis of (Ins | 5. Number 6. of | | . Date Exercisable nd Expiration Date Month/Day/Year) | | 7. T Ame Und Secu | itle and bunt of erlying urities tr. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownersl Form of Derivati Security Direct (I or Indire | Ownership (Instr. 4) |
| | | | | | Code V | (A |) (D) | Date Exerc | cisable l | Expiratio Date | n Title | Amount or Number of Shares | | | | |
| Repor | Reporting Owners | | | | | | | | | | | | | | | |
| Reporting Owner Name / Address | | | | 1 |] | Relation | nship | s | | | | | | | | |
| | | | Directo | r 10% C | wner | Office | er | | | Other | | | | | | |
| Berger Mark Stanley | | | | | | | | | | | | | | | | |

Signatures

NEW YORK, NY 10016

| /s/ Mark Berger | 06/15/2017 |
|------------------------|------------|
| Signature of Reporting | Date |

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).

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.

Chief Medical Officer