

# FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### OMB APPROVAL

OMB 3235-  
Number: 0104  
Estimated average  
burden hours per  
response... 0.5

### INITIAL STATEMENT OF 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 * Nicholson, C. David	2. Date of Event Requiring Statement (Month/Day/Year) 12/28/2012	3. Issuer Name <b>and</b> Ticker or Trading Symbol Actinium Pharmaceuticals, Inc. [ATNM]	
(Last) (First) (Middle) C/O ACTINIUM PHARMACEUTICALS, INC., 546 5TH AVENUE, 14TH FLOOR		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street) NEW YORK, NY 10036			6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
(City) (State) (Zip)	<b>Table I - Non-Derivative Securities Beneficially Owned</b>		

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Restricted Stock <a href="#">(1)</a>	10,000	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Options to purchase common stock	<a href="#">(2)</a>	02/10/2022	Options	49,950	\$ 0.784	D	
Options to purchase common stock	<a href="#">(3)</a>	08/30/2022	Options	49,950	\$ 1.5	D	
Options to purchase common stock	<a href="#">(4)</a>	02/18/2025	Options	25,000	\$ 3.58	D	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Nicholson, C. David C/O ACTINIUM PHARMACEUTICALS, INC. 546 5TH AVENUE, 14TH FLOOR	X			

## Signatures

/s/ David Nicholson		03/16/2015
<small>**Signature of Reporting Person</small>		<small>Date</small>

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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) 100% of the Restricted Stock vests one year from August 8, 2013.
- (2) Options granted on February 10, 2012 to purchase an aggregate of 49,950 shares of common stock. Options vest at 28% on the 12 month anniversary and at a rate of 2% per month thereafter.
- (3) Options granted on August 30, 2012 and December 17, 2012 to purchase an aggregate of 49,950 shares of common stock. Options vest at a rate of 2% per month.  
Options granted on February 18, 2015 to purchase an aggregate of 25,000 shares of common stock. Options vest at a rate of 2% per
- (4) month.

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.