FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB 3235- Number: 0104 Estimated average burden hours per response 0.5	OMB APPROVAL				
Estimated average burden hours per	ОМВ				
burden hours per	Number:	0104			
•	Estimated average				
response 0.5	burden hours	per			
	response	0.5			

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 Res	sponses)								
1. Name and Address of Reporting 2. Date of Ever		te of Event Rec	uiring 3. Is	iring 3. Issuer Name and Ticker or Trading Symbol					
Person *		State		Act	Actinium Pharmaceuticals, Inc. [ATNM]				
Berger Mark	Stanley	`	th/Day/Year) 5/2017						
(Last)		Middle)	5/201/	4. R	elationsh	ip of Rep	orting	5. If Amen	dment, Date Original
C/O ACTINIU				Pers	Person(s) to Issuer				/Day/Year)
PHARMACEU						all applic			
INC., 275 MA	DISON AVI	ENUE,		X	Director Officer (gi		10% Owner Other (specify	,	
7TH FLOOR				title b	elow)	below)			
	(Street)				Chief N	Medical O	fficer	6. Individu	al or Joint/Group
									Applicable Line)
NEW YORK,	NY 10024								l by One Reporting Person by More than One Reporting
								Person	by More than One Reporting
(City)	(State)	(Zip)	Table	e I - Non-I	Derivati	ve Secu	rities Be	neficially C	Owned
1.Title of Security	y		_,	ount of Secu		3.		ature of Indire	ect Beneficial
(Instr. 4)				cially Owne	ed	Ownersh		ership	
			(Instr.	4)			irect (Inst	r. 5)	
						(D) or Indirect	m l		
						(Instr. 5)			
							<u> </u>		
Reminder: Report				•		•	•		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.									
number.									
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Deriva	tive Security	2. Date Exercis	able and	3. Title and	l Amount	t of 4.		5.	6. Nature of Indirect
(Instr. 4) Expiration Date (Month/Day/Year)		;	Securities Underly				~	Beneficial Ownership	
				ivative Security		Exercise	Form of	(Instr. 5)	
			T	(Instr. 4)			rice of erivative	Derivative Security:	
		Date	Expiration		Amount	~	ecurity	Direct (D)	
		Exercisable	Date	Title	Number	. 01		or Indirect	
					Shares			(I)	
								(Instr. 5)	
Options to pure	chase	01/17/2017	01/17/2027	Common	325,00	0 6	1.04	D	
common stock		01/1//201/	01/1//2027	Stock	323,00	0 3	1.04	ע	
Reporting Owners									
reporting	5 Owne	13							

Reporting Owner Name / Address		Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Berger Mark Stanley C/O ACTINIUM PHARMACEUTICALS, INC. 275 MADISON AVENUE, 7TH FLOOR NEW YORK, NY 10024			Chief Medical Officer			

Signatures

**Signature of Reporting Person	Date

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). Options granted on January 17, 2017 to purchase an aggregate of 325,000 shares of common stock. A total of 28% of the options will
- (1) vest one year from the grant date, and the remaining 75% shall vest in equal increments of 2% per month of the initial option grant over the following three year period.

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.