# FORM 4

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

OMB APP	ROVAL
OMB Number:	3235-0287
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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	(S)														
Name and Address of Reporting Person * O'Loughlin Steve			2. Issuer Name and Ticker or Trading Symbol Actinium Pharmaceuticals, Inc. [ATNM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O ACTINIUM PHARMACEUTICALS, INC, 275 MADISON AVENUE, 7TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2017							X Officer (give title below) Other (specify below) Principal Financial 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 Acquired, Disposed of, or Beneficially Owned												
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year			Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficia	ally Owned Following I Transaction(s)		Ownership of Form:	7. Nature of Indirect Beneficial Ownership	
							Code	V	Amoun	(A) or (D)	Price	(I)				
Common	stock		06/15/2017				P		3,500	A	\$ 1.17	3,500			D	
			Table II - I				s Acquire	the f d, Di	orm dis	splays a of, or Bei	curre	ently valid	uired to re d OMB cor I			02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/	Execution I	4. Tr	4. Transaction Code (Instr. 8)		i. Number	r 6. Date Exercisable and Expiration Date (Month/Day/Year)		cisable on Date	7. T Am Und Sec	itle and 8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Ownersl (Instr. 4) ect	
				(	Code V	V (	(A) (D)	Date	e rcisable	Expiration Date	on Titl	Amount or Number of Shares				
Repor	ting O	wners														
	Donorting O	wnor Name /	Address				Relat	tions	hips							
Reporting Owner Name / Address  O'Loughlin Steve C/O ACTINIUM PHARMACEUTICALS, INC			Director	r 10% (	Owr	ner Offic	er			(	Other					

### **Signatures**

NEW YORK, NY 10016

/s/ Steve O'Loughlin	06/15/2017
**Signature of Reporting Person	Date

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.