

# FORM 3

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

| OMB APPROVAL                                   |           |
|------------------------------------------------|-----------|
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## 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<br>Kapur Anil<br><br>(Last) (First) (Middle)<br>C/O ACTINIUM PHARMACEUTICALS, INC., 275 MADISON AVENUE, 7TH FLOOR<br><br>(Street)<br>NEW YORK, NY 10016<br><br>(City) (State) (Zip) | 2. Date of Event Requiring Statement<br>(Month/Day/Year)<br>02/06/2018 | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>Actinium Pharmaceuticals, Inc. [ATNM]                                                                                                                                                                                                     |                                                      |
|                                                                                                                                                                                                                             |                                                                        | 4. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)<br>Chief Commercial Officer | 5. If Amendment, Date Original Filed(Month/Day/Year) |
|                                                                                                                                                                                                                             |                                                                        | 6. Individual or Joint/Group Filing(Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                                                                                   |                                                      |

### Table I - Non-Derivative Securities Beneficially Owned

| 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) |
|---------------------------------|-------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| Common Stock                    | 40,000                                                | D                                                        |                                                       |

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

SEC 1473 (7-02)

|  |                                                                                                                                                                               |  |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  | <b>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.</b> |  |
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### 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           | 02/06/2018 <sup>(1)</sup>                                | 02/06/2028      | Common Stock                                                                | 475,000                    | \$ 0.64                                                | D                                                                               |                                                       |

## Reporting Owners

| Reporting Owner Name / Address                                                                          | Relationships |           |                          |       |
|---------------------------------------------------------------------------------------------------------|---------------|-----------|--------------------------|-------|
|                                                                                                         | Director      | 10% Owner | Officer                  | Other |
| Kapur Anil<br>C/O ACTINIUM PHARMACEUTICALS, INC.<br>275 MADISON AVENUE, 7TH FLOOR<br>NEW YORK, NY 10016 |               |           | Chief Commercial Officer |       |

## Signatures

/s/ Anil Kapur

02/08/2018

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 February 6, 2018 to purchase an aggregate of 475,000 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.