FORM 4

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

OMB APPROVAL				
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

Name and Address of Reporting Person * Berger Mark Stanley				2. Issuer Name and Ticker or Trading Symbol Actinium Pharmaceuticals, Inc. [ATNM]					5	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) 08/12/2020						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 PersonForm filed by More than One Reporting Person					
(Cit	ty)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				es Acquir	uired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	Deemed ution Date, if th/Day/Year)			4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5)		of (D) O T	5. Amount of Securities Benefic Owned Following Reported Fransaction(s)			Ownership of Form:	. Nature f Indirect eneficial wnership	
				(Worth	/Day/10		Code	V A	mount (A) or		or Indirect (I)		Instr. 4)		
Reminder:	Report on a								s who respo					ned SEC 14	474 (9-02)
Reminder:	Report on a s							in this f display red, Dispo	orm are not s a currently osed of, or Ben	required valid OM eficially C	to respond IB control	unless the		ned SEC 14	174 (9-02)
1. Title of	•	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	4. Transac Code	tion of Second	Number Derivate curities quired Disposed D) str. 3, 4	r 6. Ex (N (A) ed	in this f display red, Dispo ptions, co	orm are not s a currently sed of, or Ben nvertible secu rcisable and Date	required valid OM eficially Crities)	To respond MB control of Dwned and Amount rlying es	8. Price of		of 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natu p of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	4. Transac Code	ts, calls, 5.1 of Sec Ac or of (In and	Warra Numbe Derivate curities quired Dispose D) str. 3, 4	r 6. ive Ex (N ed)	in this f display red, Dispo ptions, co . Date Exe	orm are not s a currently osed of, or Ben nvertible securcisable and Date y/Year)	required valid ON eficially Crities) 7. Title a of Under Securities	To respond MB control of Dwned and Amount rlying es	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported	of 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natu p of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	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 10016			Chief Medical Officer			

Signatures

/s/ Mark Berger	08/14/2020
**Signature of Reporting Person	Date

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).
- (1) This price represents the closing price of the Company's common stock on the date of the board of directors approval of the grant.

(2) Pursuant to the terms of the Company's Amended and Restated 2013 Stock Plan and 2019 Stock Plan, 2% of the options will vest each month from August 12, 2020 until fully vested.

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.