FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|-------------------------|-----------|
| Estimated average burde | en |
| hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| affirmative defense 10b5-1(c). See Inst | | | | | | | | |
|--|------------------------|----------|---|----------|--|---------------------------------------|--|--|
| 1. Name and Address Steinhart Rich | s of Reporting Person* | | 2. Issuer Name and Ticker or Trading Symbol Actinium Pharmaceuticals, Inc. [ATNM] | | tionship of Reporting Person(all applicable) | , | | |
| (Last) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/28/2023 | | Director Officer (give title below) | 10% Owner Other (specify below) | | |
| | AVE, 23RD FLOO | <i>*</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (Street) NEW YORK. | NY | 10017 | | | Form filed by More than O | ne Reporting Person | | |
| (City) | (State) | (Zip) | | | | | | |
| (Oity) | (State) | (ZIP) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| (| Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--------------------------|---|--------------------------|---|--|---------------|-------|--|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (111501.4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (In 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--------------------|--|---|---------------------------------|---|------------|-----|--|--------------------|--|-------------------------------------|------------|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Stock Option (Right to Buy) | \$5 ⁽¹⁾ | 12/28/2023 | | A | | 70,311 | | (2) | 12/28/2033 | Common Stock | 70,311 | \$0 | 70,311 | D | |

Explanation of Responses:

- 1. This price represents the closing price of the Issuer's common stock on December 28, 2023, the date of the grant.
- $2. \ Pursuant \ to \ the \ terms \ of \ the \ Issuer's \ 2019 \ Stock \ Plan, \ 2\% \ of \ the \ options \ will \ vest \ each \ month \ from \ the \ date \ of \ grant \ until \ fully \ vested.$

/s/ Richard Steinhart 12/29/2023

** Signature of Reporting Person Date

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

- * 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.

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 Number.