FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

	OMB Number:	3235-0287
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-1	hours nor recogness:	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 Bergmann An	of Reporting Person* <a href="https://hony">hony</a>		2. Issuer Name <b>and</b> Ticker or Trading Symbol  CAPRICOR THERAPEUTICS, INC. [ CAPR ]		tionship of Reporting Perso all applicable) Director	on(s) to Issuer	
(Last) C/O CAPRICOR	(First) THERAPEUTICS,	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024		Officer (give title below)  CHIEF FINANCIA	Other (specify below)	
10865 ROAD TO	THE CURE, SUIT	E 150	4. If Amendment, Date of Original Filed (Month/Day/Year)		idual or Joint/Group Filing (		
(Street) SAN DIEGO	CA	92121		X	Form filed by One Report Form filed by More than	· ·	
(City)	(State)	(Zip)					

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

. Title of Security (Instr. 3)	Date (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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)	\$5.12	01/02/2024		A		85,000		(1)	01/02/2034	Common Stock	85,000	\$0	85,000	D	
Stock Option (Right to Buy)	\$5.12	01/02/2024		A		9,692		(2)	01/02/2034	Common Stock	9,692	\$0	9,692	D	

#### **Explanation of Responses:**

1. The shares vest 1/48th of the first day of each month, commencing February 1, 2024, until the stock option becomes fully vested and exercisable. The option is subject to early exercise and, therefore, all or any part of the option can be exercised at any time. If the reporting person elects to take advantage of the early exercise feature and purchase shares prior to the vesting of such shares, the shares will be deemed restricted stock and will be subject to a repurchase option in favor of the Issuer if the reporting person's service to the Issuer terminates prior to vesting

2. The shares of the award are fully vested and exercisable as of January 2, 2024, the date of the grant.

/s/ Linda Marban, Attorney-in-01/04/2024 <u>Fact</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.