FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
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).

## 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

1. Name and Address of Reporting Person * DUNBAR GEORGE W JR					2. Issuer Name and Ticker or Trading Symbol CAPRICOR THERAPEUTICS, INC. [ CAPR ]										ionship of Reporting Person(s) all applicable) Director			, ,	) to Issuer 10% Owner
(Last)	(First)	<b>(N</b> )	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 06/05/2020								Officer (g below)	ve title		Other (s below)	pecify		
C/O CAPRICOR THERAPEUTICS, INC. 8840 WILSHIRE BLVD., 2ND FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	, , ,						
(Street) BEVERLY HILLS CA 90211													Form filed	d by More t	han C	ne Reportinç	g Person		
(City)	(State	, ,	<sup>Zip)</sup> able I - Non	Dori	vativ	- S	ouritio	s A s s	uirod C	lien	osod of	or B	Popofic	sially Ow	nod				
4 Title of Coore	it (Imate: 2)	•		2. Trans			2A. Deem		3.	пор					5. Amount	of [	6 0	nership	7. Nature of
Date				th/Day/Year)		Execution Date, if any (Month/Day/Year		Transaction Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			Securities Beneficially Following I	Owned or In eported (Inst	Form	n: Direct (D) idirect (I)	Beneficial Ownership (Instr. 4)		
								Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 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/Yes	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou Securities Underly Derivative Securit 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	de \	v	(A)	(D)	Date Exercisabl		xpiration ate	Title		Amount or Number of Shares		(Instr. 4)	JII(S)		
Stock Option (Right to Buy)	\$1.39	06/05/2020			A		83,000		(1)	00	6/05/2030		nmon ock	83,000	\$0	83,000	)	D	

## **Explanation of Responses:**

1. The shares vest 1/48th of the first day of each month, commencing March 1, 2020, until the stock option becomes fully vested and exercisable. The following stock option grant was approved by the Board on February 12, 2020 under the 2020 Plan, contingent upon stockholder approval of the 2020 Plan, which was obtained on June 5, 2020. 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.

/s/ Linda Marban, as Attorney-in-

**Fact** 

\*\* Signature of Reporting Person

Date

06/09/2020

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.