FORM 4

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

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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* Smith Rachel				2. Issuer Name and Ticker or Trading Symbol CAPRICOR THERAPEUTICS, INC. [ CAPR ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner					
					3. Date of Earliest Transaction (Month/Day/Year) 06/02/2016							X	Officer (g below)	,		Other (s below)	specify
8840 WILSHIRE BLVD., 2ND FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street) BEVERLY HILLS CA 90211 (City) (State) (Zip)												X Form filed by One Reporting Person Form filed by More than One Reporting Person				g Person	
		T	able I - Nor	ı-Deriv	ative	Securiti	es Ac	quired, D	)ispc	osed of,	, or Benefi	cially Ow	ned				
Date				2. Trans Date (Month/I		Execution if any	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5		5. Amount Securities Beneficially Following I	ly Owned or II Reported (Ins		lirect (I)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A) or (D)	Price		str. 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	cise (Month/Day/Year) f ive	3A. Deemed Execution Date, if any (Month/Day/Year)	Cod	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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	e V (A) (D)		Date Expi		iration e	Title	Amount or Number of Shares		(Instr. 4)				
Stock Option (right to buy)	\$3.12	06/02/2016		A		50,000		(1)	06/0	02/2026 <sup>(1)</sup>	Common Stock	50,000	\$0	50,000	0	D	

## **Explanation of Responses:**

1. 1/48th of the shares subject to the stock option award shall vest on the first day of each month after the date of grant, commencing as of July 1, 2016, until the stock option becomes fully vested and exercisable. However, 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 Registrant if the reporting person's service to the Registrant terminates prior to vesting.

\(\frac{\s\ Linda Marban, as Attorney-in-}{Fact}\)
\*\* 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.