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 * Musket David B				2. Issuer Name and Ticker or Trading Symbol CAPRICOR THERAPEUTICS, INC. [CAPR]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/03/2017									Officer (gi 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	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) BEVERLY H	IILLS CA	9	0211											Form filed	l by More th	han O	ne Reportinç	g Person
(City)	(State) (2	Zip)															
		Т	able I - Non	-Deriv	/ative	Securit	ies Ac	quired, I	Disp	osed of	, or Bei	nefic	ially Ow	ned				
1. Title of Security (Instr. 3) 2. Trans Date (Month)				action Day/Yea	Executi r) if any	2A. Deemed Execution Date, if any (Month/Day/Year		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following Reported		Form:	Direct (D) irect (I) 4)	Beneficial Ownership	
					Code	v	Amount	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)	Cod	nsaction le (Instr.	Derivat Securit Acquire or Disp	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 Amour Securities Underly Derivative Security 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	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	le V	(A)	(D)	Date Exercisabl		xpiration Pate	Title		Amount or Number of Shares		(Instr. 4)	,,,(s)		
Stock Option (right to buy)	\$2.55	01/03/2017		Α	\	36,060		01/03/2017	(1) 0	1/03/2027	Commo Stock		36,060	\$0	36,060		D	

Explanation of Responses:

1. 8,560 of the shares will vest 1/48th on the first day of each month, commencing February 1, 2017, until the stock option becomes fully vested and exercisable. The remaining 27,500 shares will vest 1/12 on the first day of each month, commencing February 1, 2017, with the last month vesting on December 31, 2017. 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 terminates prior to vesting.

/s/ Linda Marban, as Attorney-in-

Fact

** Signature of Reporting Person

Date

01/04/2017

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.