FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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

Name and Address of Reporting Person Manzo Louis					CA	2. Issuer Name and Ticker or Trading Symbol CAPRICOR THERAPEUTICS, INC. [CAPR]										ionship of Reporting all applicable) Director		(s) to Issue	
(Last)	(First)	,	iddle)			3. Date of Earliest Transaction (Month/Day/Year) 05/09/2017									Officer (give title below)			Other below)	(specify
	O CAPRICOR THERAPEUTICS, INC. 40 WILSHIRE BLVD., 2ND FLOOR				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) BEVERLY HILLS CA 90211															Form file	d by Mo	re than (One Reporti	ng Person
(City)	(State)	(Zi _l			<u> </u>														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action 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 an				5. Amount of Securities Beneficially Following Re Transaction(6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	ount (A		Price	(Instr. 3 and 4)				
Common Stock 05/0				05/09	9/2017				P ⁽¹⁾		10,000		A	\$3.1	138,384		D		
Common Stock													638,155]	[(2)	By Coniston Corporation		
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)	rivative Conversion Date Execution Date,			Date,	4. Transaction Code (Instr. 8)		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)			Sec Der	Title and A curities Ur rivative Se str. 3 and	nderlying ecurity	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)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Titl	le	Amount or Number of Shares		(Instr. 4			

Explanation of Responses:

- 1. The Reporting Person entered into a Subscription Agreement with Capricor Therapeutics, Inc. (the "Issuer") pursuant to which the Reporting Person, on May 5, 2017 purchased an aggregate of 10,000 shares of the Issuer's common stock at a purchase price of \$3.10 per share for total cash proceeds of approximately US\$31,000.
- 2. 638,155 shares of common stock of the Issuer are beneficially owned by Coniston Corporation. The equity securities of Coniston Corporation are held by the Reporting Person and irrevocable trusts for the benefit of the children of the Reporting Person of which the Reporting Person is not the trustee. The Reporting Person has sole voting power over Coniston Corporation and therefore may be deemed to have sole voting and dispositive power with respect to all securities of the Issuer beneficially owned by Coniston Corporation.

/s/ Linda Marban, as Attorney-in-Fact 05/10/2017

** 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.