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

Name and Address of Reporting Person Manzo Louis					2. Issuer Name and Ticker or Trading Symbol CAPRICOR THERAPEUTICS, INC. [CAPR]										ionship of Reporting Person(s) to Issuer all applicable) Director 10% Own			ner	
(Last)	(First)	(1)	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018									Officer (g below)	ive 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) (2	(ip)																
		Т	able I - Non	-Deri	vative	Se	curitie	s Acq	uired, D	isp	osed of	, or E	Benefic	ially Ow	ned				
Date				th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			ities Acquired (A) or d Of (D) (Instr. 3, 4 an			Securities Beneficially Following I	Securities Form		: Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount (A) or (D)		Price								
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	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 Amour Securities Underly Derivative Security 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	de V	,	(A)	(D)	Date Exercisabl		xpiration ate	Title		Amount or Number of Shares		(Instr. 4)	Jil(9)		
Stock Option (right to buy)	\$1.57	01/02/2018			A		25,500		(1)	0	1/02/2028		nmon tock	25,500	\$0	25,500)	D	

Explanation of Responses:

1. 10,500 of the shares will vest 1/48th on the first day of each month, commencing February 1, 2018, until the stock option becomes fully vested and exercisable. The remaining 15,000 shares will vest 1/12 on the first day of each month, commencing February 1, 2018, with the last month vesting on December 31, 2018. 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.

/s/ Linda Marban, as Attorney-in-

Fact

** Signature of Reporting Person

Date

01/04/2018

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.