## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*								0 ,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Moseley Ker	1			_	_	17 11(1	1111	<u>LECTION</u>	<u>, 1.</u>		Director					
(Lact)	(Eiret)	(Middle)		_	,					X	below)					
C/O BELLICUM PHARMACEUTICALS, INC.						nsaction	(Mon	th/Day/Year)			Sr. VP and G	eneral Counse	el			
2130 W. HOLCOMBE BLVD., STE. 800  (Street) HOUSTON TX 77030  (City) (State) (Zip)  Table I - Non-Deri				4. If Amendment, Date of Original Filed (Month/Day/Year)												
(Street)				4. If Am	nendment, Date	of Origi	inal Fi	led (Month/Da	ıy/Year)	6. Indi Line)	vidual or Joint/Group	Filing (Check A	pplicable			
,	TX	77030								X	Form filed by One	Reporting Pers	on			
								Form filed by Mor Person	e than One Rep	orting						
(City)	(State)	(Zip)														
	BELLICUM PHARMACEUTICALS, INC.   BLCM															
1. Title of Security (Instr. 3)		Date	Ex ear) if a	Execution Date, if any	Transaction Code (Instr.					Securities Beneficially Owned Following	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership				
						Code	v	Amount	(A) or (D)	Price	Transaction(s)		(instr. 4)			
Common Stock			09/21/201	.6		M		100	A	\$7.47	444	D				
Common Stock			09/21/201	.6		S <sup>(1)</sup>		100	D	\$20.04	344	D				
Common Stock			09/23/201	.6		M		11,700	A	\$7.47	12,044	D				
Common Stock			09/23/201	.6		S <sup>(1)</sup>		11,700	D	\$20.1024(2)	344	D				
		Table I									wned	,				

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)	Transaction of Code (Instr. 8) Secu Acqu (A) o Disp of (D		ecurities cquired (Month/Day/Y		ate of Sec Year) Under Deriva		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$7.47	09/21/2016		М			100	(3)	11/10/2024	Common Stock	100	\$0	40,817	D	
Stock Option (right to buy)	\$7.47	09/23/2016		М			11,700	(3)	11/10/2024	Common Stock	11,700	\$0	29,117	D	

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted on March 24, 2015 by the Reporting Person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$20.00 to \$20.52, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.
- 3. 25% of the shares subject to the stock option vest and become exercisable on November 11, 2015, and the remaining shares subject to the stock option vest and become exercisable in 36 equal monthly installments thereafter.

# Remarks:

/s/ Ken Moseley

09/23/2016

\*\* 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.