FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL			
OMB Number:	3235-028		
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hours per response:	0.9		

\Box	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						or Sectio	n 30(n) of the	Investment Co	mpany Act o	f 1940						
1. Name and Address of Reporting Person* DAVIS STEPHEN					2. Issuer Name and Ticker or Trading Symbol BELLICUM PHARMACEUTICALS, INC [BLCM]						5. Relations (Check all a	hip of Reporting Person(s) to pplicable) Director Officer (give title below)		10% Owner		er ecify below)
(Last) (First) (Middle) C/O BELLICUM PHARMACEUTICALS, INC. 2130 W. HOLCOMBE BLVD., STE. 800					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2016							Officer (give title	below)		otilei (spe	city below)
(Street) HOUSTON TX 77030 (City) (State) (Zip)		If Amendment, Date of Original Filed (Month/Day/Year)						6. Individua	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3)				2. Transact Date	Execu	Execution Date, 0	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) 3, 4 and 5)		``` В	Amount of Securiti eneficially Owned F eported Transaction	ollowing D	. Ownership F Direct (D) or Inc Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr.		
			(Month/Day/Year) if any (Mont		(Month/Day/Year)		Amount	(A) or (D)		(Instr. 3 and 4)		instr. 4)	4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Title of Derivative Security (Inst 3)	2. Conversion or Exercise Price of Derivative Security	onversion r Exercise (Month/Day/Year) rice of erivative	if any (Month/Day/Year)	4. Transac (Instr. 8)	ction Code	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 Secu Derivative Security (Instr. 3		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following	Form: (D) or I	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 Share		Reported Transactio (Instr. 4)	n(s)		
Stock Option (right to buy)	\$12.44	06/15/2016		A		10,000		(1)	06/14/2026	Common Stock	10,000	\$0	10,000		D	

Remarks:

/s/ Ken Moseley, Attorney-in-Fact
** Signature of Reporting Person

06/17/2016 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.

^{1.} The shares subject to the option vest and become exercisable in equal monthly installments until the Issuer's 2017 annual meeting of stockholders.

POWER OF ATTORNEY
Know all, by these presents, that the undersigned hereby constitutes and appoints each of Ken Moseley and Alan Musso, signing individually, the undersigned's true ar
(1) execute for and on behalf of the undersigned, an officer, director or holder of 10% of more of a registered class of securities of Bellicum Pharmaceuticals, Inc
(2) do and perform any and all acts for and on behalf of the undersigned that may be necessary or desirable to complete and execute such Form 3, 4 or 5, complete and
(3) take any other action of any nature whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit, in the best ir
The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, (
This Power of Attorney shall remain in full force and effect until the earliest to occur of (a) the undersigned is no longer required to file Forms 3, 4 and 5 with I
IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 13 day of July, 2015.

(Signature)
Stephen R. Davis
(Print Name)

POWER OF ATTORNEY

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