FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVID APPROVAL	
OMB Number:	3235-0287
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0.5

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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(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Spencer David M. BELLICUM PHARMACEUTICALS, INC BLCM Spencer David M. BELLICUM PHARMACEUTICALS, INC BLCM Street HOUSTON TX 77030 BELLICUM PHARMACEUTICALS, INC BLCM Street Street Check all applicable Director X Officer (give title below) Check all applicable Director X Officer (give title below) Chief Scienti Check all applicable Director X Officer (give title below) Chief Scienti Check all applicable Director X Officer (give title below) Chief Scienti Check all applicable Director X Deficer (give title below) Chief Scienti Check all applicable Director X Deficer (give title below) Chief Scienti Check all applicable Director X Deficer (give title below) Chief Scienti Chief	HARMACEUTICALS, INC (Check all applicable) Director 10% W Officer (give title Other	Issuer Owner
(Last) (First) (Middle) C/O BELLICUM PHARMACEUTICALS, INC. 2130 W. HOLCOMBE BLVD., STE. 800 (Street) HOUSTON TX 77030 (City) (State) (Zip) A below) Chief Scienti Chief Scienti A below) Chief Scienti Chief Scienti Chief Scienti A below) Chief Scienti Chief Scienti A below) Chief Scienti Chief Scienti Chief Scienti A below) Chief Scienti Chief Scienti A below) Chief Scienti Chief Scienti Chief Scienti A below) Chief Scienti Chief Scienti Chief Scienti A below) Chief Scienti Chief Scienti A below) Chief Scienti Chief Scienti Chief Scienti A below) Chief Scienti Chief Scienti Control of Month/Day/Year) A below) Chief Scienti Chief Sc		r (specify
4. If Amendment, Date of Original Filed (Month/Day/Year) HOUSTON TX 77030 (City) (State) (Zip) 4. If Amendment, Date of Original Filed (Month/Day/Year) City (State) (Zip) 6. Individual or Joint/Group Filed by One Filed by One Filed by More Person		w) .
Table I. Non-Derivative Securities Acquired Disposed of or Repeticially Owned	Line) X Form filed by One Reporting Pe Form filed by More than One Re	rson
Table 1- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned	cquired, Disposed of, or Beneficially Owned	
Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Securities Fany (Month/Day/Year) Securities Securit	re, Transaction Code (Instr. 5) Disposed Of (D) (Instr. 3, 4 and Code (Instr. 5) Disposed Of (D) (Instr. 3, 4 and Beneficially Owned Following (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
Code V Amount (A) or (D) Price (Reported Transaction(s) (Instr. 3 and 4)	Code V Amount (A) or Drice Transaction(s)	(Instr. 4)
Common Stock 08/15/2016 s ⁽¹⁾ 1,000 D \$20 175,082	S ⁽¹⁾ 1,000 D \$20 175,082 D	
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) 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Securities Securit	Expiration Date (Month/Day/Year) Month/Day/Year	Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted on June 21, 2016 by the Reporting Person.

Remarks:

/s/ David M. Spencer

08/17/2016

** 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.