FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

**OMB APPROVAL** OMB Number: Estimated average burden

0.5

hours per response:

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* <u>Stonehouse Jon P</u>					<u>B</u>	2. Issuer Name and Ticker or Trading Symbol BELLICUM PHARMACEUTICALS, INC BLCM									Relationship of Reporting Person(s) to Issuer Check all applicable)  X Director 10% Owner				
(Last)	(F	irst)	(Middle)		- Ľ										Officer below)	(give title		Other (s below)	pecify
C/O BELLICUM PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/13/2019													
2130 W.	HOLCOM	BE BLVD., STE	. 800										_						
					-   <sup>4.  </sup>	If Ame	endment, [	Date (	of Original Fi	iled	(Month/Da	ay/Year)		3. Indi Line)	vidual or J	loint/Group	Filing	(Check Ap	plicable
(Street) HOUST	ON T	X	77030											X		,		orting Person	
(City)	(S	tate)	(Zip)		-										Persor	1			
		Tab	le I - Nor	ո-Deri	vativ	e Se	curities	s Ac	quired, D	isp	osed o	of, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4		and Securitie Beneficia Owned F		s ally following	Form (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	V	Amount	(A) o	r Pric	e	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
		-							uired, Dis						wned			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transactio Code (Inst 8)				6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivativ Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Owr Forr Dire or Ir (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amour or Number of Shares	er					
Stock Option (right to	\$1.96	06/13/2019			A		25,000		(1)	0	6/12/2029	Common Stock	25,00	00	\$0	25,000	)	D	

## **Explanation of Responses:**

1. The shares subject to the option vest and become exercisable in full on the one-year anniversary of the grant date.

## Remarks:

/s/ Rosemary Y. Williams, 06/14/2019 Attorney-in-Fact

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.