FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burd	en
l	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).

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>Spencer David M.</u>					BE	2. Issuer Name and Ticker or Trading Symbol BELLICUM PHARMACEUTICALS, INC BLCM								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (speci				Owner	
(Last) (First) (Middle) C/O BELLICUM PHARMACEUTICALS, INC. 2130 W. HOLCOMBE BLVD., STE. 800						3. Date of Earliest Transaction (Month/Day/Year) 09/16/2016									X Officer (give title Officer Scientific Officer				
(Street) HOUSTON TX 77030 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	e I - N	Non-Deriv	ative	Sec	uritie	s Ac	quire	ed, D	isposed o	f, or E	Benefici	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N					2A. Deemed Execution Date, if any (Month/Day/Year)				Acquired (A) or (D) (Instr. 3, 4 and 5)		5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		Trans	action(s) 3 and 4)		(Instr. 4)	
Common Stock 09/16/201					016	6			S ⁽¹⁾		1,700	D	\$20.00	\$20.0088(2)		73,382	D		
Common Stock 09/19/201				016	6		S ⁽¹⁾		700	D	\$20.0186 ⁽³⁾		1	72,682	D				
Common Stock 09/20/20:				016	16		S ⁽¹⁾		100	D	\$20	\$20		72,582	D				
		Та	ıble II								osed of, convertib				vned				
Derivative Security Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		nt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

Explanation of Responses:

- $1. \ The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted on June 21, 2016 by the Reporting Person.$
- 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 \$20.02, 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. 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 \$20.07, 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.

Remarks:

<u>/s/ David M. Spencer</u> <u>09/20/2016</u>

** Signature of Reporting Person D

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.