

Fons Michael  
Form 3  
August 23, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Fons Michael		(Month/Day/Year)	INOVIO BIOMEDICAL CORP [INO]	
(Last)	(First)	(Middle)	08/21/2007	
11494 SORRENTO VALLEY RD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
SAN DIEGO,Â CAÂ 92121			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			VP, Corporate Development	<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Inovio Biomedical Corporation Common Stock	25	D	Â

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

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Inovio Biomedical Corporation Common Stock Option	08/23/2007	06/17/2014	Inovio Biomedical Corporation Common Stock	37,500	\$ 5.32	D	Â
Inovio Biomedical Corporation Common Stock Option	08/23/2007 <sup>(1)</sup>	03/23/2016	Inovio Biomedical Corporation Common Stock	20,000	\$ 2.45	D	Â
Inovio Biomedical Corporation Common Stock Option	08/23/2007 <sup>(2)</sup>	03/08/2017	Inovio Biomedical Corporation Common Stock	20,000	\$ 3.16	D	Â
Inovio Biomedical Corporation Common Stock Option	08/23/2007 <sup>(3)</sup>	05/03/2017	Inovio Biomedical Corporation Common Stock	25,000	\$ 3.75	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Fons Michael 11494 SORRENTO VALLEY RD SAN DIEGO, CA 92121	Â	Â	Â VP, Corporate Development	Â

## Signatures

Michael Fons 08/23/2007

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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).
- (1) Of the 20,000 common stock options outstanding; 10,000 are exercisable on 8/23/07; 5,000 are exercisable on 3/23/08; and 5,000 are exercisable on 3/23/09.
- (2) Of the 20,000 common stock options outstanding; 5,000 are exercisable on 8/23/07; 5,000 are exercisable on 3/8/2008; 5,000 are exercisable on 3/8/09; and 5,000 are exercisable on 3/8/10.
- (3) Of the 25,000 common stock options outstanding; 6,250 are exercisable on 8/23/07; 6,250 are exercisable on 5/3/08; 6,250 are exercisable on 5/3/09; and 6,250 are exercisable on 5/3/10.

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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.