

APPLIED DNA SCIENCES INC
 Form 4/A
 March 06, 2015

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2015
 Estimated average burden 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).

STATEMENT OF CHANGES IN 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 *
 Bitzer John III

2. Issuer Name and Ticker or Trading Symbol
 APPLIED DNA SCIENCES INC [APDN]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 50 HEALTH SCIENCES DRIVE
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 11/20/2014

Director 10% Owner
 Officer (give title below) Other (specify below)

STONY BROOK, NY 11790
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)
 11/20/2014

6. Individual or Joint/Group Filing(Check Applicable Line)
 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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				Code V	Amount	(A) or (D)	Price \$
Common Stock	11/20/2014			P	76,923	A	3.24 <u>(1)</u>
Common Stock							2,539
Common Stock							11,243

See footnote ⁽²⁾
 See footnote ⁽²⁾

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form

SEC 1474 (9-02)

displays a currently valid OMB control number.

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	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 Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Warrants	\$ 3.5	11/20/2014		P	76,923	(3) 11/20/2019	Common Stock	76,923	

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Bitzer John III
50 HEALTH SCIENCES DRIVE X
STONY BROOK, NY 11790

Signatures

/s/ Beth Jantzen 03/05/2015

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Represents shares of the issuer's common stock and warrants purchased at the public offering price of \$3.24 per common share and \$0.01 per Warrant.
These shares of common stock and warrants to purchase common stock are owned by Delabarta, Inc., a subsidiary of ABARTA, Inc. The
- (2) reporting person disclaims beneficial ownership of the shares and warrants held by Delabarta, Inc. except to the extent of his pecuniary interest therein through his ownership in ABARTA, Inc.
- (3) These warrants are fully exercisable.

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.