## Edgar Filing: FORBES CHRISTOPHER - Form 4

FORBES C	CHRISTOPHER									
Form 4										
November	16, 2012									
FOR	<b>M</b> 4		an an			an Mar			PPROVAL	
	UNITED	STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-028	7
Check if no lo	this box							Expires:	January 31	
subject		MENT OI	F CHAI			ICIAL OV	WNERSHIP OF	Estimated	200 average	5
Section	16.			SECUI	RITIES			burden hou	urs per	
Form 4 Form 5			· · ·	16() 64	с ·		A ( \$1024	response	. 0.	5
obligat	iona Pileu pul						nge Act of 1934, of 1935 or Secti			
may co	ntinue.			•	•	ny Act of 1		on		
<i>See</i> Ins 1(b).	truction	50(II)	of the L	livestillen	i Compai		740			
1(0).										
(Print or Type	e Responses)									
1. Name and	Address of Reporting	Person *	2. Issu	er Name <b>an</b>	<b>d</b> Ticker or	Trading	5. Relationship	of Reporting Per	rson(s) to	
FORBES	CHRISTOPHER		Symbol				Issuer			
			SENES	SCO TEC	HNOLO	GIES INC	(Ch	eck all applicabl	e)	
			[SNT]				(Chi	cek an applicabl	C)	
(Last)	(First) (	Middle)	3. Date of	of Earliest T	ransaction		XDirector		% Owner	
<b>531</b> DOU		F 100		Day/Year)			Officer (giv below)	ve title Oth below)	ner (specify	
721 ROU'I	TE 202/206, SUIT	E 130	11/16/2	2012			,	,		
	(Street)			endment, D	-	ıl	6. Individual or	Joint/Group Fili	ng(Check	
			Filed(Mo	onth/Day/Yea	r)		Applicable Line)			
DDIDCEN	WATED NILLS OF	2007					_X_ Form filed by Form filed by	More than One R		
DKIDUEV	VATER, NJ US 08	5007					Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date			3.	4. Securit		5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution	Date, if	Transactio Code	nAcquired Disposed		Securities	Form: Direct (D) or Indirect	Indirect Beneficial	
(Insu. 5)		any (Month/Da	ay/Year)	(Instr. 8)	(Instr. 3, 4		Beneficially Owned	(I) of mullect	Ownership	
(Wond)			<i>.</i>		× ,	,	Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported Transaction(s)			
						or	(Instr. 3 and 4)			
				Code V	Amount	(D) Price				
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities bene	•	•	•			
							spond to the colle		SEC 1474	
							ained in this forn ond unless the fo		(9-02)	
							ntly valid OMB co			

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	ĺ	Acquired (A Disposed o (Instr. 3, 4, 5)	f (D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Common Stock Options	\$ 0.18	11/16/2012		A		252,000 (1)		11/16/2012	11/16/2017	Common Stock	252,00
Common Stock Options	\$ 0.18	11/16/2012		А		124,242 (2)		11/16/2012	11/16/2017	Common Stock	124,24

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FORBES CHRISTOPHER 721 ROUTE 202/206 SUITE 130 BRIDGEWATER, NJ US 08807	Х	Х					
Signatures Christopher							
Forbes 11/16	/2012						

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Fifty percent of such options vest on the date of grant and fifty percent of such options will vest on the first anniversary of the date of grant.
- (2) Such options were issued in lieu of cash compensation under the Company's independent director compensation plan. Such options vest immediately.

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.

\*\*Signature of

Reporting Person