Sevion Therapeutics, Inc. Form 4

November 20, 2014

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 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 * Rubin Steven D

(First) (Middle) (Last)

4400 BISCAYNE BOULEVARD

(Street)

(State)

MIAMI, FL US 33137

(City)

2. Issuer Name and Ticker or Trading Symbol

Sevion Therapeutics, Inc. [SVON]

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

11/18/2014

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Zip)

4. Securities TransactionAcquired (A) or Code (Month/Day/Year) (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Following Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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 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 Conversion Security or Exercise (Instr. 3) Price of

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if (Month/Day/Year)

5. Number of 4. **TransactionDerivative** Code Securities (Instr. 8) Acquired (A)

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount Underlying Securitie (Instr. 3 and 4)

1

OMB APPROVAL

OMB 3235-0287 Number: January 31, Expires:

2005

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

6. Ownership

Form: Direct

(Instr. 4)

(D) or Indirect Beneficial

X Form filed by One Reporting Person Form filed by More than One Reporting

(Check all applicable)

Issuer

below)

Person

5. Amount of

Securities

Owned

Beneficially

X_ Director

Applicable Line)

Officer (give title

response... 0.5

> 10% Owner Other (specify

> > 7. Nature of

Ownership

(Instr. 4)

SEC 1474

(9-02)

Indirect

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	Derivative Security				or Dispos (D) (Instr. 3, 4 and 5)					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Common Stock Option (right to buy)	\$ 0.83	11/18/2014 ⁽³⁾	A		25,344		11/18/2014(1)	11/18/2024	Common Stock	25,34
Common Stock Option (right to buy)	\$ 0.83	11/18/2014	A		3,314		11/18/2014(2)	11/18/2024	Common Stock	3,314

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
Rubin Steven D 4400 BISCAYNE BOULEVARD MIAMI, FL US 33137	X						

Signatures

Steven D Rubin 11/20/2014

**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) 50% of such options vest on the date of grant and 50% of such options will vest on the first anniversary of the date of grant.
- (2) Such options were granted in lieu of cash compensation under the Company's independent director compensation plan and are immediately exercisable.
- Such option grant was approved by the Company's compensation committee in September 2014 and, consistent with prior practice, was granted on the second business day following the Company's filing of its quarterly report on Form 10-Q for the period ending September 30, 2014

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.

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