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

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

2. Issuer Name and Ticker or Trading

Sevion Therapeutics, Inc. [SVON]

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * Waksal Harlan

(Last)

(City)

1.Title of

Security

(Instr. 3)

(First)

721 ROUTE 202/206, SUITE 130

BRIDGEWATER, NJ US 08807

(State)

(Street)

(Middle)

(Zip)

2. Transaction Date 2A. Deemed

(Month/Day/Year) 11/18/2014

Symbol

4. If Amendment, Date Original

Filed(Month/Day/Year)

3. Date of Earliest Transaction

4. Securities

(Month/Day/Year) Execution Date, if TransactionAcquired (A) or Code Disposed of (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)

(A)

or Code V Amount (D) Price **OMB APPROVAL**

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

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

6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ 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

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Indirect Beneficial Owned Ownership Following (Instr. 4) (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction Date 3A. Deemed Derivative Conversion (Month/Day/Year) Execution Date, if Security or Exercise (Instr. 3) Price of (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)

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	Derivative Security				or Dispose (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 <u>(3)</u>	A		38,034		11/18/2014(1)	11/18/2024	Common Stock	38,03
Common Stock Option (right to buy)	\$ 0.83	11/18/2014	A		17,168		11/18/2014(2)	11/18/2024	Common Stock	17,16

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Waksal Harlan 721 ROUTE 202/206 SUITE 130 BRIDGEWATER, NJ US 08807	X					

Signatures

Harlan Waksal 11/20/2014

**Signature of 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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