#### APPLIED DNA SCIENCES INC

Form 4/A March 06, 2015

## FORM 4

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

OMB 3235-0

Check this box if no longer white the STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Number: 3235-0287 Expires: January 31,

**OMB APPROVAL** 

subject to Section 16. Form 4 or Form 5

obligations

Estimated average burden hours per

0.5

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

**SECURITIES** 

τ, .4: ....

5. Relationship of Reporting Person(s) to

Issuer

response...

may continue. *See* Instruction 1(b).

(Print or Type Responses)

Bitzer John III

1. Name and Address of Reporting Person \*

APPLIED DNA SCIENCES INC [APDN] (Che	(Check all applicable)									
(Last) (First) (Middle) 3. Date of Earliest TransactionX_ Director Officer (given below)	e title Other (specify below)									
50 HEALTH SCIENCES DRIVE 11/20/2014	001011)									
(Street) 4. If Amendment, Date Original 6. Individual or J	Joint/Group Filing(Check									
Filed(Month/Day/Year) Applicable Line)	One Reporting Person									
1112012017	_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person									
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Month/Day/Year)   (Instr. 3)   2. Transaction Date (Month/Day/Year)   (Month/Day/Year)   (Month/Day/Year)   (Month/Day/Year)   (Month/Day/Year)   (Month/Day/Year)   (Month/Day/Year)   (Month/Day/Year)   (Instr. 8)   (A)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)									
\$	0									
Common Stock 11/20/2014 P 76,923 A 3.24 1,129,036	I See footnote (2)									
Common Stock 2,539	D									
Common Stock 11,243	I See footnote (2)									

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

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# 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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities 1
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Warrants	\$ 3.5	11/20/2014		P	76,923	<u>(3)</u>	11/20/2019	Common Stock	76,923

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
•	D: .	1007 0	O.CC.	,	

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 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 reporting person disclaims beneficial ownership of the shares and warrnts 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.

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