FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* FRAKES JAMES B		2. Date of Event Requiring Statement (Month/Day/Year) 09/27/2010		i. Issuer Name and Ticker or Trading Symbol AETHLON MEDICAL INC [AEMD.OB]				
(Last) (First) (Middle) 8910 UNIVERSITY CENTER LANE, #660			Relationship of Reporting Person(s) to Issuer (Check all applicable)		5. If Amendment, Date of Original Filed (Month/Day/Year)			
			X	Director Officer (give title below)	10% Owner Other (specify below)	6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) SAN DIEGO	CA	92122		Chief Financial Officer		A	X Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	` ` '	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	l '
Common Stock	10,000	D	

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		, , , , , , ,		Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Indirect (I) Derivative (Instr. 5) Security		
Stock options (right to buy)	(1)	09/27/2020	Common Stock	500,000	0.25	D	

Explanation of Responses:

1. 250,000 options vested on the date of grant, and the balance of 250,000 options will vest one year from the grant date.

Remarks:

<u>/s/ James B. Frakes</u> <u>09/29/2010</u>

** Signature of Reporting Person Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).