FORM 3

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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Estimated average burden						
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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*  2. Date of Event F Statement (Month 10/18/2010		3. Issuer Name <b>and</b> Ticker or Trading Symbol AETHLON MEDICAL INC [ AEMD.OB ]				
(Last) (First) (Middle)	10/10/2010	Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
1402 PEARSON RD		X Director Office below	r (give title	10% Owner Other (specify below)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person	
(Street) LIBERTYVILLE IL 60048			President		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	20,000	D	

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

1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		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 Derivative Security	Indirect (I) (Instr. 5)	
Stock Options (right to buy)	(1)	10/27/2020	Common Stock	1,000,000	0.25	D	

## Explanation of Responses:

 $1.\,250,\!000\ options\ will\ vest\ on\ October\ 27,\,2011, and\ the\ balance\ of\ 750,\!000\ options\ will\ vest\ thereafter\ at\ a\ rate\ of\ 20,\!833\ options\ per\ month.$ 

#### Remarks:

/s/ Rodney S. Kenley 10/28/2010

\*\* Signature of Reporting Person

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.

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

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).