FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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l	OMB Number:	3235-0287
l	Estimated average burden	
l	hours per response:	0.5

1	Check this box if no longer subject to
ı	Section 16. Form 4 or Form 5 obligations
ı	may continue. See Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person*     Cipriani Guy F.			2. Issuer Name and Ticker or Trading Symbol AETHLON MEDICAL INC [ AEMD ]		ionship of Reporting Person(s) all applicable) Director	(s) to Issuer	
(Last) (First) (Middle) 9635 GRANITE RIDGE DRIVE SUITE 100		` ,	3. Date of Earliest Transaction (Month/Day/Year) 04/03/2020		Officer (give title below)	Other (specify below)	
9635 GRANITE RIDGE DRIVE, SUITE 100  (Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable L  X Form filed by One Reporting Person  Form filed by More than One Reporting Per			
SAN DIEGO	CA	92123			Form filed by More than One	Reporting Person	
(City)	(State)	(Zip)					

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)					Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v			Price	Transaction(s) (Instr. 3 and 4)		(111501.4)
Common Stock	04/03/2020		A		23,893(1)	A	\$0.00	26,900	D	

# 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		3A. Deemed Execution Date, if any (Month/Day/Year)	Code (In	Transaction Derivative Code (Instr. Securities		Expiration Da (Month/Day/Y	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

### Explanation of Responses:

 $1.\ The\ RSU's\ vests\ in\ four\ equal\ quarterly\ installments\ on\ 6/30/2020,\ 9/30/2020,\ 12/31/2020\ and\ 3/31/2021.$ 

#### Remarks:

/s/ Guy Cipriani

04/07/2020

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (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).