FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

APPROVAI

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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

Weiner Femily Dayseehle Trust Eller D		2. Date of Event Requiring Statement (Month/Day/Year) 06/24/2014	3. Issuer Name and Ticker or Trading Symbol <u>AETHLON MEDICAL INC</u> [AEMD]	
(Last) (First) (Middle) 10645 N. TATUM BOULEVARD SUITE 200-166			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title below) Other (specification)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person	
(Street) PHOENIX (City)	AZ (State)	85028 (Zip)			Form filed by More than One Reporting Person

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	26,119,241	I	Trustee
Common Stock	13,000	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)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		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)	
Warrants	06/24/2014	07/01/2018	Common Stock	8,794,526	0.042	I	Trustee
Warrants	06/24/2014	07/01/2019	Common Stock	6,809,524	0.042	I	Trustee
Warrants	06/24/2014	07/01/2019	Common Stock	397,222	0.108	I	Trustee

Explanation of Responses:

Ellen R. Weiner

07/02/2014

** 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.

^{*} 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).