FORM 3

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

Washington, D.C. 20549

#### OMB APPROVAL

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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

Name and Address of Reporting Person*     FISHER CHARLES J JR		2. Date of Event Requiring Statement (Month/Day/Year) 12/11/2017		3. Issuer Name and Ticker or Trading Symbol AETHLON MEDICAL INC [ AEMD ]				
(Last)	(First)	(Middle)	12,11,201,	Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
C/O AETHLON MEDICAL, INC. 9635 GRANITE RIDGE DR. #100			X	Officer (give title below)	10% Owner Other (specify below)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting		
(Street) SAN DIEGO	CA	92123					Person	
(City)	(State)	(Zip)						

#### Table I - Non-Derivative Securities Beneficially Owned

# 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)		d 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		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 Security (Instr. 5)		
Restricted Stock Units	(2)	(2)	Common Stock	53,191	(1)	D	

### Explanation of Responses:

- 1. Each restricted stock unit represents the right to receive, at settlement, one share of common stock.
- $2.\ 26{,}595\ restricted\ stock\ units\ to\ vest\ on\ 12/31/2017\ and\ 26{,}596\ restricted\ stock\ units\ to\ vest\ on\ 3/31/2018.$

/s/ Charles J. Fisher, Jr. 12/18/2017

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.