

Sorrento Therapeutics, Inc.
 Form 3
 October 06, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL
 OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Royal Mike		(Month/Day/Year)	Sorrento Therapeutics, Inc. [SRNE]	
(Last)	(First)	(Middle)	06/27/2014	
C/O SORRENTO THERAPEUTICS, INC.,Â 6042 CORNERSTONE CT. WEST, SUITE B			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
			See Remarks	
SAN DIEGO,Â CAÂ 92121		6. Individual or Joint/Group Filing(Check Applicable Line)		
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
---------------------------------	---	--	---

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

SEC 1473 (7-02)

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 control number.

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 Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
--	--	---	---	---	---

Edgar Filing: Sorrento Therapeutics, Inc. - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Options	Â (1)	01/01/2024	Common Stock	65,000	\$ 8.12	D	Â
Stock Options	Â (1)	06/27/2024	Common Stock	80,000	\$ 6.63	D	Â
Stock Options	06/27/2014	06/27/2024	Common Stock	15,000	\$ 6.63	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Royal Mike C/O SORRENTO THERAPEUTICS, INC., 6042 CORNERSTONE CT. WEST, SUITE B SAN DIEGO, CA 92121	Â	Â	Â See Remarks	Â

Signatures

/s/ Mike A.
Royal
Date: 10/06/2014

**Signature of Reporting Person

Explanation of Responses:

- * 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).
- (1) 1/4th of the original number of shares subject to the option shall vest on the first anniversary of the Vesting Commencement Date and 1/48th of the original number of shares subject to the option shall vest following each one-month period of service following the first anniversary of the Vesting Commencement Date, subject to optionee's continued service or employment with the Corporation through each such vesting date.

Â
Remarks:
EVP Clinical & Regulatory Affairs

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.