FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |

0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or Sec | tion 30(h) of the Ir | nvestmer | nt Con | npany Act of | 1940 | | | | | | | |
|--|---------------------------------------|--------------------|----------------|---------|---|---|----------------------|---|--------------|---------------|--|-----------------------------------|--|---|--|--|--|
| Name and Address of Reporting Person [*] Bonvini Ezio | | | | | | er Name and Tick CROGENICS | | | | | 5. Relationship of Reporting Person(s) to Iss (Check all applicable) Director Officer (give title Other (s | | | | | | |
| (Last) 9640 ME | | (First) CENTER DRI | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/08/2014 | | | | | | | | Other (specify below) P, Research | | | |
| Street) ROCKV | ILLE | MD (State) | 20850 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | |) X Form f Form f | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Table I - No | n-Deriv | ative S | ecurities Acq | uired, | Disp | osed of, | or Ben | eficiall | y Owned | l | | | | |
| 2. Transa Date (Month/D | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (| | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 | tion(s) | | | | |
| Common Stock 10/08 | | | | | /2014 | | M | | 1,597 | A | \$0.94 | 29 | ,827 | D | | | |
| Common Stock 10/09/ | | | | | /2014 | | M | | 2,663 | A | \$0.71 | 32 | ,490 | D | | | |
| | | | Table II - | | | curities Acqu lls, warrants, | | | | | - | Owned | | | | | |
| . Title of | Title of 2. 3. Transaction 3A. Deemed | | ed 4 | 4. | 5. Number 6. | | Date Exercisable and | | | 7. Title and | | . Price of 9. Number of | | 11. Nature | | | |

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration D (Month/Day/ | ate | 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 Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---|---|--|---|---|---|--|-------|--|--------------------|---|--|--|--|---|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$0.94 | 10/08/2014 | | M | | | 1,597 | 07/14/2004 | 01/13/2015 | Common Stock | 1,597 | \$0 | 0 | D | |
| Stock Option (right to buy) | \$0.71 | 10/09/2014 | | M | | | 2,663 | 06/15/2006 | 12/14/2015 | Common Stock | 2,663 | \$0 | 0 | D | |

Explanation of Responses:

Remarks:

/s/Lynn Cilinski, Attorney-in-10/10/2014 **Fact**

** 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.

^{*} If the form is filed by more than one reporting person, see Instruction 4 (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).