FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	2054
Washington,	D.C.	2054

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL						
OMB Number:	3235-0287						
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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	Sectio	n 30(h)	of the l	nvestm	nent C	ompany Ac	t of 194	0							
1. Name ar Biotest		Reporting Person*								Symbol C. [AD]	MA]			elationship ck all app		Reporting P	ersoı	n(s) to Is	suer
Diotest Ad												X Director			or X		10% O	wner	
(Last) (First) (Middle) LANDSTEINERSTR. 5				3. Date of Earliest Transaction (Month/Day/Year) 11/09/2017							Officer (give title Other (specify below) below)								
(Street) DREIEICH 2M 63303				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)																
		Tabl	e I - Non-Deriv	vative	Sec	curitie	s Acc	quire	d, Di	sposed	of, or	Benefi	cially	/ Owne	ed				
1. Title of \$	Security (Inst	r. 3)	2. Transaction Date (Month/Day/Yea	Exe r) if a	2A. Deemed Execution Date if any (Month/Day/Yea		Code		4. Securities Acqu Disposed Of (D) (Ir					5. Amount of Securities Beneficially Owned Follow Reported		6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4)	ct ect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amo	ount	(A) or (D)	Price	Tran	saction(s r. 3 and 4					
Common Stock		11/09/2017			P		5,813,954(1)		A	\$2.15	10	10,109,534		I		By Biotest Pharmaceuticals Corporation ⁽²⁾			
		Та	ıble II - Deriva (e.g., p							osed of converti				Owned					
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. Transa Code 8)		ion of Expira		Exercisable and fiton Date (I/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)		Fori Dire or Ii	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	n Title	Amoun or Numbe of Shares							
1. Name ar <u>Biotest</u>		Reporting Person*																	
(Last)		(First)	(Middle)																

1. Name and Address Biotest AG	of Reporting Person*								
(Last)	(First)	(Middle)							
LANDSTEINERSTR. 5									
(Street)			_						
DREIEICH	2M	63303							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* <u>Biotest Pharmaceuticals Corp</u>									
(Last)	(First)	(Middle)							
5800 PARK OF COMMERCE BLVD., NW									
(Street)			_						
BOCA RATON	FL	33487							
(City)	(State)	(Zip)							

Explanation of Responses:

- 1. Represents a purchase from the underwriters in the issuer's public offering.
- 2. The shares are owned directly by Biotest Pharmaceuticals Corporation, a ten percent owner of the issuer and a wholly owned subsidiary of Biotest AG, and indirectly by Biotest AG. Biotest AG is a director and a ten percent owner of the issuer.

/s/ Ulrike Burkhard, General Counsel

11/13/2017

/s/ Donna Quinn, Vice

11/13/2017

President and General Counsel

** Signature of Reporting Person

Date

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

- * 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).

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.