SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
1	hours per response:	0.5								

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

						Secuc	30(11)	11116	IIIVE	25111161111		pany Act o	JI 194	.0								
1. Name and Address of Reporting Person* Garrison Michael J.						2. Issuer Name and Ticker or Trading Symbol BIO-PATH HOLDINGS INC [BPTH]										eck all applic	able)	g Person(s) to Issuer				
(Last)	3. Da						Date of Earliest Transaction (Month/Day/Year) 3/02/2015										X Director Officer (give title below)			pecify		
8900 E. PINNACLE PEAK ROAD #E200					4. I												6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	treet) COTTSDALE AZ 85255				-	Form filed by More than One Reporting Person																
(City)	(\$	State)	(Zip)																			
		Tal	ole I - No	n-Deri	vativ	e Se	curities	s Ac	qu	ired, C	Disp	osed o	f, or	Ben	eficiall	y Owned						
, , , , , , , , , , , , , , , , , , ,				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year			3. Transac Code (Instr. 8)			rities Acquired (A) ed Of (D) (Instr. 3,			Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect sstr. 4)	t Beneficial Ownership		
										Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common	Stock															83,	,333		D			
Common	Stock							75,000 I					I	By Cosmo Capital Partners, LLC								
Common	Stock															673	,334	I (1) By Garrison Capital, LLC				
		-	Γable II -									sed of, onvertil				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owi For Illy Dire or Ii (I) (I	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirec Beneficia Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Da Ex	nte xercisabl		xpiration Pate	Title		Amount or Number of Shares							
Common Stock Option	\$1.7	03/02/2015			A		25,000			(2)	03	3/02/2025	Com Sto	mon ock	25,000	\$0.00	25,000)	D			

Explanation of Responses:

- 1. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.
- 2. This option vests over a four-year period, with one-fourth (1/4) of the 25,000 shares vesting on the first anniversary of March 2, 2015 and the remaining shares vesting thereafter in equal monthly increments equal to one-forty-eighth (1/48) of the 25,000 shares, based on continuing service to Bio-Path Holdings, Inc.

Remarks:

/s/ Michael J. Garrison

03/04/2015

** 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.