

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

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

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## STATEMENT OF CHANGES IN 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

| 1. Name and Address of Reporting Person *      |   |                   |                                    | 2          | 2. Issuer Name and Ticker or Trading Symbol  |                            |                             |                       |                 |                    |        |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                      |   |  |  |  |
|--|---|-------------------|------------------------------------|------------|--|----------------------------|-----------------------------|-----------------------|-----------------|--------------------|--------|---|---|--------------------------------------|---|--|--|--|
| Richman Mi                                     | ichael  |                   |                                    |            | Opex   | a Thei                     | apeutic                     | s, I                  | nc. [           | <b>OPXA</b>        | ]      |   |   |                                      |   |  |  |  |
| (Last) (First) (Middle)                        |   |                   |                                    | 3          | 3. Date of Earliest Transaction (MM/DD/YYYY) |                            |                             |                       |                 |                    |        | _   | X Director 10% Owner  |                                      |   |  |  |  |
|  |   |                   |                                    |            |  |                            |                             |                       |                 |                    |        |   | Officer (gi   | ve title below                       | /)O   | ther (specify                                  | below)   |  |
| C/O OPEXA THERAPEUTICS,                        |   |                   |                                    |            | 12/31/2015                                   |                            |                             |                       |                 |                    |        |   |   |                                      |   |  |  |  |
| INC., 2635 T<br>BLVD.                          | TECHNO  | LOGY              | FORI                               | EST        |  |                            |                             |                       |                 |                    |        |   |   |                                      |   |  |  |  |
| DL V DV  | (Stre   | eet)              |                                    | 4          | 4. If A                                      | mendme                     | nt, Date C                  | rigir                 | nal Fil         | ed (MM/D           | D/YY   | YY) 6.  | Individual  | or Joint/G                           | roup Filing   | (Check Appl                                    | licable Line)  |  |
| THE WOODLANDS, TX 77381                        |   |                   |                                    |            |  |                            |                             |                       |                 |                    | _ >    | X Form filed by One Reporting Person Form filed by More than One Reporting Person       |   |                                      |   |  |  |  |
| (C   | City) (Sta  | ite) (Z           | ip)                                |            |  |                            |                             |                       |                 |                    |        |   | _ I olili ilica oy  | Wiore than (                         | one reporting i   | Cison  |  |  |
|  |   |                   | Table                              | I - Non-D  | eriva  | tive Secu                  | ırities Ac                  | quir                  | ed, Di          | sposed o           | f, or  | Benefi  | cially Own  | ed                                   |   |  |  |  |
| 1. Title of Security (Instr. 3)                |   |                   | 2. Trans. Da                       | Exe        | Deemed<br>cution<br>e, if any                | 3. Trans. Co<br>(Instr. 8) | ode                         | or Disposed of (D) Fo |                 |                    | Follov | Amount of Securities Beneficially Owned bllowing Reported Transaction(s) nstr. 3 and 4) |   |                                      | Form: Beneficial  | of Indirect<br>Beneficial                      |  |  |
|  |   |                   |                                    |            |  |                            | Code                        | V                     | Amou            | (A) or (D)         | Pri    | ice   |   |                                      |   | Direct (D)<br>or Indirect<br>(I) (Instr.<br>4) | Ownership<br>(Instr. 4)  |  |
| Common Stock                                   |   |                   |                                    | 12/31/2015 | ,  |                            | A                           |                       | 1354            | A                  | \$0    | )   |   | 6520                                 |   | D  |  |  |
|  | Tab   | le II - Der       | rivative                           | Securitie  | s Ben  | eficially                  | Owned (                     | e.g.                  | , puts          | , calls, w         | arraı  | nts, opt  | ions, conve   | rtible sec                           | urities)  |  |  |  |
| 1. Title of Derivate<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Trans.<br>Date | 3A. Dee<br>Execution<br>Date, if a | on (Instr. | ns. Code<br>8)                               |                            | ve Securities (A) or of (D) |                       | Expiration Date |                    |        | tle and An<br>rities Und-<br>rative Sec<br>:. 3 and 4)                                  | erlying<br>urity  | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned | Form of Derivative Security:                   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  | Security  |                   |                                    | Code       | e V  | (A)                        | (D)                         | Date<br>Exer          | cisable         | Expiration<br>Date | Title  | Amount<br>Shares  | or Number of  |                                      | Following<br>Reported<br>Transaction(s)<br>(Instr. 4)             | Direct (D)<br>or Indirect<br>(I) (Instr.<br>4) |  |  |

### **Explanation of Responses:**

### **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Ivalile / Address  | Director      | 10% Owner | Officer | Other |  |  |  |  |
| Richman Michael<br>C/O OPEXA THERAPEUTICS, INC.<br>2635 TECHNOLOGY FOREST BLVD.<br>THE WOODLANDS, TX 77381 | X             |           |         |       |  |  |  |  |

#### **Signatures**

/s/ Neil Warma, attorney-in-fact 1/4/2016

\*\* 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 control number.