

CESCA THERAPEUTICS INC.  
Form 3  
March 15, 2017

**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 <b>and</b> Ticker or Trading Symbol	
Â Cauble Jeffery		(Month/Day/Year)	CESCA THERAPEUTICS INC. [KOOL]	
(Last)	(First)	(Middle)	03/10/2017	
2711 CITRUS ROAD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
RANCHO			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
CORDOVA,Â CAÂ 95742			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			Principal Accounting Officer	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<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)
Common Stock (Restricted) <sup>(3)</sup>	90	D	Â
Common Stock (Restricted) <sup>(2)</sup>	833	D	Â
Common Stock (Restricted) <sup>(1)</sup>	9,230	D	Â
Common Stock	2,446	D	Â

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	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
--	---	--	---------------	--------------	--

Edgar Filing: CESCA THERAPEUTICS INC. - Form 3

	(Month/Day/Year)		Derivative Security (Instr. 4)		or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Stock Options	Â (4)	07/01/2018	Common Stock	188	\$ 27.4	D	Â
Stock Options	Â (5)	09/10/2022	Common Stock	1,250	\$ 12.6	D	Â
Stock Options	Â (6)	07/07/2023	Common Stock	4,000	\$ 2.86	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Cauble Jeffery 2711 CITRUS ROAD RANCHO CORDOVA, CA 95742	Â	Â	Â Principal Accounting Officer	Â

## Signatures

/s/ Jeffery Cauble 03/15/2017

\_\_Signature of Reporting Person Date

## 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) Represents 9,230 shares of restricted stock that vest 100% on July 1, 2017 on the condition that participant continues to be employed at vesting date or sooner if terminated.
- (2) Half vests on May 5, 2017 and the remainder on May 5, 2018.
- (3) Vests on June 30, 2017.
- (4) 141 of the 188 options are currently vested with the remainder vesting on July 1, 2017.
- (5) 626 options are currently vested. The remaining 624 vests in thirds on September 10, 2017, March 10, 2018 and September 10, 2018.
- (6) Options vest every 6 months over a 3 year period starting January 7, 2017.

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.