FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burden	
L	0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

### 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

affirmative defens 10b5-1(c). See In	e conditions of Rule struction 10.					
1. Name and Addres	ss of Reporting Pers	son*	2. Issuer Name <b>and</b> Ticker or Trading Symbol CAPRICOR THERAPEUTICS, INC. [ CAPR ]		tionship of Reporting Pers all applicable) Director	son(s) to Issuer
(Last) C/O CAPRICOR	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/13/2024	X	Officer (give title below)  EVP, GENERAL	Other (specify below)
10865 ROAD To	<u> </u>		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	ridual or Joint/Group Filing Form filed by One Rep Form filed by More tha	, , , ,
SAN DIEGO (City)	CA (State)	92121 (Zip)				

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	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		Transaction(s) (Instr. 3 and 4)			
Common Stock	12/13/2024		M		8,000	A	\$1.39	28,047	D	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transac Code (In 8)		Derivative				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	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (Right to Buy)	\$1.39 <sup>(1)</sup>	12/13/2024		М			3,000	(2)	03/03/2025	Common Stock	3,000(1)	\$0	0	D	
Stock Option (Right to Buy)	\$1.39 <sup>(3)</sup>	12/13/2024		М			5,000	(4)	06/02/2026	Common Stock	5,000(3)	\$0	0	D	

#### **Explanation of Responses:**

- 1. This option was granted on March 3, 2015 and was previously covering 30,000 shares at an exercise price of \$5.78 per share, but was adjusted to reflect a 1-for-10 reverse split that occurred on June 4, 2019 and a share reprice to \$1.39 per share that occurred on February 12, 2020.
- 2. Shares vested 1/48th on the first day of each month commencing April 1, 2015.
- 3. This option was granted on June 2, 2016 and was previously covering 50,000 shares at an exercise price of \$3.12 per share, but was adjusted to reflect a 1-for-10 reverse split that occurred on June 4, 2019 and a share reprice to \$1.39 per share that occurred on February 12, 2020.
- 4. Shares vested 1/48th on the first day of each month commencing July 1, 2016.

/s/ Linda Marban, Attorney-in-Fact 12/16/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.