FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
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

1. Name and Address of Reporting Person* CEDARS SINAI MEDICAL CENTER					2. Issuer Name and Ticker or Trading Symbol CAPRICOR THERAPEUTICS, INC. [CAPR]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 03/16/2016								Officer (give title Other (specify below) below)				specify	
8700 BEVERLY BLVD				[4. If Amendment, Date of Original Filed (Month/Day/Year)							- 1	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) LOS ANGEL	LES CA	9	90048-1865											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State	e) (.	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				ansaction 2A. Deeme Execution I if any (Month/Day		n Date,	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				Securities Beneficially Owned Following Reported Transaction(s)		Form	direct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount (A) or (D)		Price					(111501.4)		
Common Stock 03/1					16/2016		P ⁽¹⁾		416,666 A		\$2.4	2,592,298			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/Yea	Code (Instr.		Derivative		6. Date Exercisable Expiration Date (Month/Day/Year)			e and 7. Title and Amour Securities Underly Derivative Security 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)	(D)	Date Exercisabl		xpiration ate	Title		Amount or Number of Shares		(Instr. 4)		<u> </u>		
Warrants (Right to Buy)	\$4.5	03/16/2016		P ⁽⁾	1)	208,333		09/17/2016	5 03	3/16/2019		nmon ock	208,333	\$0.001	208,33	33	D		

Explanation of Responses:

1. The Reporting Person entered into a Subscription Agreement with Capricor Therapeutics, Inc. (the "Issuer") pursuant to which the Reporting Person, on March 16, 2016, purchased (i) 416,666 shares of the Issuer's common stock at a purchase price of \$2.40 per share, and (ii) warrants to purchase up to an aggregate of 208,333 shares of the Issuer's common stock, for an aggregate purchase price of approximately \$1,000,000.

/s/ James D. Laur, Vice President for Legal & Technology Affairs

03/18/2016

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).