

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2013-01-14** | Period of Report: **2012-10-23**  
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### REPORTING OWNER

#### **HOLUBIAK MYRON Z**

CIK: **1199080**

Type: **3** | Act: **34** | File No.: **000-54729** | Film No.: **13529010**

Mailing Address

1544 EDLY COVE COURT  
NORTH BRUNSWICK NJ  
08902

### ISSUER

#### **Intellicell Biosciences, Inc.**

CIK: **1125280** | IRS No.: **911966948** | State of Incorp.: **NV** | Fiscal Year End: **1231**  
SIC: **3841** Surgical & medical instruments & apparatus

Mailing Address

30 EAST 76TH STREET, 6TH  
FLOOR  
NEW YORK NY 10021

Business Address

30 EAST 76TH STREET, 6TH  
FLOOR  
NEW YORK NY 10021  
(212) 249-3050

# FORM 3

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

OMB APPROVAL	
OMB Number:	3235-0104
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## 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

1. Name and Address of Reporting Person <u>HOLUBIAK MYRON Z</u> (Last) (First) (Middle) <u>1544 EDLY COVE COURT</u> (Street) <u>NORTH BRUNSWICK, NJ</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>10/23/2012</u>	3. Issuer Name and Ticker or Trading Symbol <u>Intellicell Biosciences, Inc. [SVFC]</u>	5. If Amendment, Date Original Filed (Month/Day/Year)
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	

**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)
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**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 (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

**Signatures**

/s/Myron Holubiak  
\*\* Signature of Reporting Person

01/14/2013  
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.**