SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: 2016-11-07 | Period of Report: 2016-10-10 SEC Accession No. 0001128732-16-000031

(HTML Version on secdatabase.com)

ISSUER

Sunshine Biopharma, Inc.

CIK:1402328| IRS No.: 205566275 | State of Incorp.:CO | Fiscal Year End: 1231

SIC: 8731 Commercial physical & biological research

Mailing Address 469 JEAN-TALON WEST 3RD FLOOR MONTREAL A8 H3N 1R4 **Business Address** 469 JEAN-TALON WEST 3RD FLOOR MONTREAL A8 H3N 1R4 514-764-9698

REPORTING OWNER

Sebaaly Camille

CIK:1474695

Type: 4 | Act: 34 | File No.: 000-52898 | Film No.: 161977170

Mailing Address 14464 GOUIN W.

MONTREAL A8 H9H 1B1

FORM 4

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

OMB APPR	OVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Sebaaly Camil	, ,	son <u>*</u>	2. Issuer Name and Ticker or Trading Symbol Sunshine Biopharma, Inc [SBFM]	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/10/2016	X Officer (give title below) Other (specify below) CFO and Secretary
14464 GOUIN W	/., #B			
			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing (Check applicable line) X Form Filed by One Reporting Person Form Filed by More than One Reporting Person
(City)	(State)	(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. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v		(A) or (D)	Price	5	or Indirect (I) (Instr. 4)		
Common Stock	10/10/2016		<u>J</u> (<u>1</u>)		129,468,927	A	\$ 0 ⁽¹⁾	129,468,927		Owned by 4019318 Canada Inc., an entity controlled by Reporting Person.	

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

(9, ,,,,,															
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/ Day/Year)	3A. Deemed Execution Date, if any (Month/ Day/ Year)	4. Transa Code (Instr. 8		of Deriv	vative irities ired r osed)	6. Date Exer and Expiratio (Month/Day/	n Date	Amount Securitie Underlyi Derivativ	7. Title and Amount of Securities De Underlying Derivative Security (Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. 129,468,927 shares were acquired by 4019318 Canada Inc., an entity controlled by Reporting Person, pursuant to a share exchange with an unrelated entity; no consideration was paid as a result of the share exchange.

Signatures

Camille Sebaaly 11/07/2016

** 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 Number.