### Edgar Filing: ROBINSON HARRIET L - Form 4

ROBINSON	HARRIET L										
Form 4											
June 23, 201	1										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check thi		x							Expires:	January 31,	
if no long subject to		MENT O	F CHAN	GES IN I	BENEFI	CIA	LOW	<b>NERSHIP OF</b>	POF Estimated average 2		
Section 1		SECURITIES						burden hou			
Form 4 or									response	•	
Form 5 obligatior	· · · · · · · · · · · · · · · · · · ·							ge Act of 1934,			
may conti				•	•	· ·		f 1935 or Sectio	on		
See Instru		30(h	) of the Inv	vestment	Compan	y Act	: of 19	40			
1(b).											
(Print or Type R	Responses)										
DODINGON HADDIET I			2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Symbol				ax Labs, Inc. [GOVX.OB]							
(1 +)	(Einst)					1.01	.1	(Che	ck all applicabl	e)	
(Last)	(First) (	Middle)		Earliest Tra	ansaction			_X_ Director	100	% Owner	
			(Month/Day/Year) 06/22/2011					XOfficer (give titleOther (specify			
LAKE PARK DRIVE, SUITE 380			00,22,20					below)	below)	Par	
				Chief Scientific Officer							
			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by	One Reporting P	erson	
SMYRNA, O	GA 30080								More than One R		
	G/1 50000							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Dat	te 2A. De	emed	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year		ion Date, if	Transactio				Securities	Form: Direct	Indirect	
(Instr. 3) any (Month/			CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Wonth	(Day Tear)	(1130.0)	(1130. 3,	- and	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V		(D)	Price	(msu. 5 anu 4)			
Common Stock	06/22/2011			G	7,422 (1)	D	\$0	1,051,972	D		

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

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	ate	Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
ROBINSON HARRIET L C/O GEOVAX LABS, INC. 1900 LAKE PARK DRIVE, SUITE 380 SMYRNA, GA 30080	Х		Chief Scientific Officer				
Signatures							

/s/ Harriet L.	06/23/2011
Robinson	00/25/2011

<u>\*\*</u>Signature of Reporting Person Date

## **Explanation of Responses:**

\* 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).

(1) Gifts made to non-dependent family members. Beneficial ownership of these shares is disclaimed.

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. TYLE="margin-top:0pt; margin-bottom:1pt; border-bottom:1px solid #000000; font-size:10pt; font-family:Times New Roman" ALIGN="center">/s/ DAVID LEVY David Levy Vice President Upstream Business Services

### EXHIBIT INDEX

Exhibit Number and Description

99.1 News Release dated August 21, 2017

4