FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |     |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0104    |     |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Lotze Michael   |                      | 2. Date of Event<br>Requiring Staten<br>Month/Day/Year<br>03/28/2016 | nent   | 3. Issuer Name and Ticker or Trading Symbol Lion Biotechnologies, Inc. [ LBIO ] |  |   |  |   |   |                           |  |
|---|----------------------|--|--|---|--|---|--|---|---|---------------------------|--|
| (Last)<br>112 WEST 34   | (First) TH STREET. 1 | (Middle)   | ,  |   | Relationship of Reporting Person(s) (Check all applicable)  Director  10 |   | on(s) to Issue                         | [(  | 5. If Amendment, Date of Original Filed (Month/Day/Year)    |                           |  |
|   |                      |  |  |   | X  | Officer (give title below)  | Other (specify below)                  |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |                           |  |
| (Street)  |                      |  |  |   | Chief Scientific   |   | Officer                                |   | X Form filed by One Reporting Person                        |                           |  |
| NEW YORK  | NY                   | 10120  |  |   |  |   |  |   | Form filed b<br>Reporting P                                 | y More than One<br>Person |  |
| (City)  | (State)              | (Zip)  |  |   |  |   |  |   |   |                           |  |
| Table I - Non-Derivative Securities Beneficially Owned  |                      |  |  |   |  |   |  |   |   |                           |  |
| 1. Title of Security (Instr. 4)   |                      |  |  |   | int of Securities<br>ially Owned (Instr. 4)                              | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 5) |  | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |   |                           |  |
| Table II - Derivative Securities Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) |                      |  |  |   |  |   |  |   |   |                           |  |
| E   |                      | Expiration Da  | 2. Date Exercisable and Expiration Date (Month/Day/Year) |   | tle and Amount of Securi<br>erlying Derivative Securi                    | ty (Instr. 4) Conve   |  | ise Form:   | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |                           |  |
|   |                      |  | Date<br>Exercisable                                      | Expiratior<br>Date  | Title  |   | Amount<br>or<br>Number<br>of<br>Shares | Price of<br>Derivativ<br>Security                     | Pe Direct (D) or Indirect (I) (Instr. 5)                    |                           |  |

**Explanation of Responses:** 

No securities are beneficially owned.

<u>/s/ Michael Lotze</u> <u>03/30/2016</u>

\*\* 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 5 (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.