FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
vvasiliilytuii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

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

1. Name and Address of Reporting Person* <u>Cataldo Tony</u>						2. Issuer Name and Ticker or Trading Symbol Genesis Biopharma, Inc [GNBP.OB]									Check a	II appi Direct	tor	1	0% C	% Owner	
(Last) 10880 W	,	irst) (BLVD., SUITE 9	Middle) 50			3. Date of Earliest Transaction (Month/Day/Year) 05/06/2011										Office below	,	Other (specify below) resident			
(Street) LOS ANGELES CA 90024 (City) (State) (Zip)							4. If Amendment, Date of Original Filed (Month/Day/Year)								ne)						
		Tab	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally O	wne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution [Date,	Transaction Disposed Code (Instr.		ies Acquired (A) Of (D) (Instr. 3, 4			and 5) Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price	, т	Reported Transaction(s) (Instr. 3 and 4)				(111511.4)	
Common Stock 05				05/06	/2011	2011			A ⁽¹⁾		3,000,000 A		\$1.	23	3,000,000		D				
		Ta									sed of, onvertib				y Owi	ned					
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any				ransaction of code (Instr. Deriva		ative rities ired sed	6. Date E Expiratio (Month/D	n Dat	e	Amount of					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	nber							

Explanation of Responses:

1. Shares granted as part of the Reporting Person's compensation package.

/s/ Tony Cataldo 05/07/2011

** 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.