

APPLIED DNA SCIENCES INC  
 Form 3/A  
 March 06, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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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

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â Bitzer John III</p> <p>(Last) (First) (Middle)</p> <p>50 HEALTH SCIENCES DRIVE</p> <p>(Street)</p> <p>STONY BROOK, Â NY Â 11790</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>11/14/2014</p>	<p>3. Issuer Name <b>and</b> Ticker or Trading Symbol</p> <p>APPLIED DNA SCIENCES INC [APDN]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner  <input type="checkbox"/> Officer <input type="checkbox"/> Other                  (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>11/14/2014</p> <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**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)
Common Stock	1,052,113	I	See footnote <u>(1)</u>
Common Stock	2,539	D	Â
Common Stock	11,243	I	See footnote <u>(2)</u>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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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	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
Warrants	Â (3)	06/02/2015	Common Stock	7,276	\$ 8.25	I	See footnote (4)
Stock Option	Â (3)	11/29/2016	Common Stock	15,900	\$ 4.08	D	Â
Stock Option	Â (3)	11/29/2017	Common Stock	7,204	\$ 10.79	D	Â
Stock Option	Â (3)	10/16/2018	Common Stock	12,778	\$ 5.82	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Bitzer John III 50 HEALTH SCIENCES DRIVE STONY BROOK, NY 11790	Â X	Â	Â	Â

## Signatures

/s/ Beth Jantzen                      03/05/2015

Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* 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).
- (1) Consists of shares owned by Delabarta, Inc., a subsidiary of ABARTA, Inc. The reporting person disclaims beneficial ownership of the shares owned by Delabarta, Inc. except to the extent of his pecuniary interest therein through his ownership in ABARTA, Inc.
  - (2) Consists of shares owned by various trusts for the benefit of members of the reporting person's immediate family of which the reporting person is the trustee. The reporting person disclaims beneficial ownership of all such shares.
  - (3) Fully vested and exercisable.
  - (4) Consists of warrants held by Delabarta, Inc., a subsidiary of ABARTA, Inc. The reporting person disclaims beneficial ownership of the warrants (and underlying shares) owned by Delabarta, Inc., except to the extent of his pecuniary interest therein through his ownership in ABARTA, Inc.

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.