SEC Form 3

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

1. Name and Address of Reporting Person* GILL DAVID N			Date of Event Requiring Staten Month/Day/Year 2/02/2014	nent 📘	3. Issuer Name and Ticker or Trading Symbol <u>HISTOGENICS CORP</u> [ HSGX ]						
(Last) C/O HISTOG	ast) (First) (Middle) /O HISTOGENICS CORPORATION					tionship of Reporting Perso all applicable) Director	son(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
830 WINTER STREET, 3RD FLOOR					Officer (give title below)		Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) WALTHAM	MA	02451							Х		y One Reporting Person y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
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)		d 3. Title and Amount of Secur Underlying Derivative Secur		ty (Instr. 4) Conve or Exe		rsion ( rcise   F	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)	
Explanation of Responses:											

**Remarks:** 

No securities are beneficially owned.

/s/ David Gill

\*\* Signature of Reporting Person

02/02/2015 Date

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

 $\ast$  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.