| SEC Form 4 | |
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| FORM | 4 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response

| 1. Name and Address of Reporting Person* | | Person* | 2. Issuer Name and Ticker or Trading Symbol HISTOGENICS CORP [HSGX] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---------|-----------------|--|-------------------|--|-----------------------|--|--|--|
| <u>Gridley Adam</u> | | | | X | Director | 10% Owner | | | |
| (Last) (First) (Middle) | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | - x | Officer (give title below) | Other (specify below) | | | |
| C/O HISTOGENICS CORPORATION | | | 02/14/2017 | | See Remarks | | | | |
| 830 WINTER STREET, 3RD FLOOR | | FLOOR | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| WALTHAM | MA | 02451 | | X | Form filed by One Rep | oorting Person | | | |
| , | | | | | Form filed by More that Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |
| | | Table I - Non-D | Perivative Securities Acquired, Disposed of, or Benef | icially (| Owned | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|-----------------|------|---|--------------------|--|-------|---|---|---|
| | | | Code | v | Amount (A) or Pric | | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |

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. Transa Code (8) | | Derivative | | 6. Date Exerc Expiration Da (Month/Day/\ | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|------------|-----|--|--------------------|---|-------------------------------------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Employee Stock Option (Right to Buy) | \$1.72 | 02/14/2017 | | A | | 175,000 | | (1) | 02/14/2027 | Common Stock | 175,000 | \$0.00 | 175,000 | D | |

Explanation of Responses:

1. This option vests over four (4) years of service to the Issuer following February 14, 2017, with twenty-five percent (25%) vesting upon completion of one (1) year of continuous service to the Issuer following such date and the balance vesting in thirty-six (36) equal monthly installments thereafter.

Remarks:

President and Chief Executive Officer

/s/ Adam Gridley

** Signature of Reporting Person

02/15/2017 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.