

SECURITIES & EXCHANGE COMMISSION EDGAR FILING

PROVECTUS BIOPHARMACEUTICALS, INC.

Form: 3

Date Filed: 2016-04-28

Corporate Issuer CIK: 315545

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FORM 3

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

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Type Responses |) | | | | | | | | |
|--|-------------------|-------------|--|--------------------------------|---|---|---|--|--|
| 1. Name and Address of Glass John R | Reporting Person- | • | (Month/Day/Year) | Requiring Statement | t 3. Issuer Name and Ticker or Trading Symbol PROVECTUS BIOPHARMACEUTICALS, INC. [PVCT] | | | | |
| 7327 OAK RIDGE H | (First) | (Middle) | 04/19/2016 | | (Che | Reporting Person(s) to ck all applicable) | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| | (Street) | | | Director X Officer (give title | | | Line) | Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person | |
| KNOXVILLE, TN 37 | 931 | | | | | | | Form filed by More than One Reporting Person | |
| (City) | (State) | (Zip) | | Tab | le I - Non-Deriva | ative Securities | Beneficially Ow | vned | |
| 1. Title of Security (Instr. 4) 2. Amount of Security Owned (Instr. 4) | | | | rities Beneficially | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly or indi | | | | | | required to respon | d unless the form o | SEC 1473 (7-02) | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | |
| Title of Derivative Secutionstr. 4) | ırity | (- - | 2. Date Exercisable and Expiration Date Month/Day/Year) Date Expirat Exercisable Date | | ative Security | Exercise Price of | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | Nature of Indirect Beneficial Ownership (Instr. 5) | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | |
|---------------------------------|--|---------------|-------------|-------|--|
| | | 10% Owner | Officer | Other | |
| Glass John R | | | | | |
| 7327 OAK RIDGE HIGHWAY, SUITE A | | | See Remarks | | |
| KNOXVILLE, TN 37931 | | | | | |

Signatures

| /s/ John R. Glass | 04/28/2016 |
|--------------------------------|------------|
| -Signature of Reporting Person | Date |

Explanation of Responses:

No securities are beneficially owned

- $^{\star}\,$ 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).

Remarks:

Interim Chief Financial Officer

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.



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| (Print or Type Responses) | | | | | | | | |
|--|-------------------------|--|---|---|--|---|---|--|
| Name and Address of Reporting Person Glass John R Month/Day/Year) 2. Date of Event Requiring State (Month/Day/Year) | | quiring Stateme | ant 3. Issuer Name and Ticker or Trading Symbol PROVECTUS BIOPHARMACEUTICALS, INC. [PVCT] | | | | | |
| (Last) (First) (Mid 7327 OAK RIDGE HIGHWAY, SUITE A | (Last) (First) (Middle) | | 04/19/2016 | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| (Street) KNOXVILLE, TN 37931 | | Director _X Officer (give | | X Officer (give title | Director10% Owner Officer (give title below) Other (specify below) See Remarks | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | |
| (City) (State) (Zi | ip) | | - | Table I - Non-Derivative Securities Benef | | | ed by More than One Reporting Person | |
| 1.Title of Security (Instr. 4) | | | 2. Amount of S Owned (Instr. 4) | ecurities Beneficially | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | t Beneficial Ownership | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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 control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative Security 2. Date Exercisable and Expiration Date Underlying Derivative Security [Instr. 4] 3. Title and Amount of Securities Exercise Price of of Derivative Ownership Ownership | | | | | | | | |
| | <u>-</u> | Month/Day/Year) Date Expiration Exercisable Date | (Instr. 4) Title Amount | 4) Derivativ Amount or Number of Shares | | Security: Direct (D) or Indirect (I) (Instr. 5) | (Instr. 5) | |
| Reporting Owners | | | | | | | | |
| Reporting Owner Name / Address | Director ¹ | Relationship 10% Owner Officer | s Oth | er | | | | |
| Glass John R 7327 OAK RIDGE HIGHWAY, SUITE A KNOXVILLE, TN 37931 | | See I | Remarks | | | | | |
| | | | | | | | | |

Signatures

| /s/ John R. Glass | 04/28/2016 |
|--------------------------------|------------|
| -Signature of Reporting Person | Date |

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