FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

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

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* PETIT ROBERT | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Advaxis, Inc. [ADXS] | | | | | | | | | | | all app | applicable) irector | | g Person(s) to Issuer 10% Owner | |
|--|--|--------|--|---|-------|--|--|------------------|---|---|---|---------|--|-----------|----------------|--|---|--|---|---|---|--|
| (Last) (First) (Middle) 305 COLLEGE ROAD EAST | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2015 | | | | | | | | | | | Officer (give title below) Chief Scient | | ntific | Other (specify below) | |
| (Street) PRINCETON, NJ 08540 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | | ar) | Execut if any | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | ind S | 5. Amount of Securities Beneficially Owned Following Reported | | 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 | 、 · | Transa | nsaction(s) tr. 3 and 4) | | | (111511.4) | | |
| Common | Stock | 9/2015 | 5 | | | | A | | 78(1) | | A | \$25.16 | | 5 138,360 | | | D | | | | | |
| Common Stock 05/29/ | | | | | | | | | | | F | | 11(2) | | D | \$25.16 | | 138,349 | | | D | |
| | 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. Conversio or Exercis Price of Derivative Security | n Date | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | ı of l | | 6. Date Ex Expiration Month/Da | | r) Amount Securiti Underly Derivati Security and 4) | | nstr. 3 | Deriva Secur | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | (D) | | Date Exercisal | | Expiration Date | Titl | or Nu of | nount mber ares | | | | | | |

Explanation of Responses:

- 1. The reporting person voluntarily purchases restricted stock directly from the Company at market price on the last trading day of the month.
- 2. Represents shares forfeited by the reporting person in order to pay withholding taxes associated with the stock issuance.

/s/ Sara Bonstein, as attorneyin-fact for Petit Robert

06/02/2015

** 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.