FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvasimigton, D.O. 20045		

OMB APPROVAL	
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ı	OMB Number:	3235-0287
	Estimated average burder	n
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 360	11011 30(11)	01 111	e invesiment	Compai	illy Act	01 1340							
1. Name and Address of Reporting Person* MCKEARN THOMAS J			2. Issuer Name and Ticker or Trading Symbol Advaxis, Inc. [ADXS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
MCKEF	ARN I H	<u>OMAS J</u>		-		,		,					X	Director			10% Ow	ner
-				$ \lfloor$										Officer (give title		Other (sp	pecify
(Last)	(F	irst)	(Middle)	3	. Date	of Earliest	Tran	saction (Mont	th/Day/Y	Year)				below)			below)	
C/O ADVAXIS, INC.				0	03/29/2006													
TECHNO	LOGY CE	ENTER OF NJ, 6	575 US HWY															
ONE				\vdash														
				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												- 1	X	Form file	ed by One F	Renor	ting Person	
NORTH													21		•	•	One Reporti	na
BRUNSW	/ICK N	J	08902											Person	u by worc	triarry	one reporti	iig
				_														
(City)	(S	tate)	(Zip)															
			(1-7															
		Ta	able I - Non-D	erivat	ive S	ecuritie	s A	cquired, D	Dispos	sed o	of, or B	enefici	ally (Owned				
				ransacti	action 2A. Deemed 3. 4. Securities Acquired (A) Execution Date, Transaction Disposed Of (D) (Instr. 3, 4										7. Nature of Indirect			
Date (Month/			e nth/Day	/Year)	if any		Code (Instr.		ispose	seu Oi (D) (Ilisti. 3, 4		iiu 5)	Beneficially		Form: Direct (D) or Indirect		Beneficial	
						(Month/Day		ear) 8)						Owned Fo Reported	ollowing (I) (In			Ownership (Instr. 4)
								Code	V An	mount	ınt (A) or Pr		ce	Transactio	n(s) d 4)			
											1,,			<u>ı, </u>	- ,			
			Table II - Der											wned				
			(e.g	ı., put	s, ca	iis, war	rant	s, options	s, con	iverti	ible sec	urities)					
						9. Number of derivative		10. Ownership	11. Nature of Indirect									
Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	Code (Securitie	s	Expiration Date Securities Underly (Month/Day/Year) Derivative Security		Security	y Security		Securities		Form:	Beneficial		
	Price of Derivative		(Month/Day/Year)	8)		Acquired or Dispos				(Instr. 3 and 4)		nd 4)	(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)
	Security	ority of (D) (Instr. 3, 4 and 5)					Following		(I) (Instr. 4)	(
							Reported Transaction(s)											
								Date	Expira	ation		Amount			(Instr. 4)			
				Code	V	(A)	(D)	Exercisable	Date		Title	Shares						
Options	\$0.26	03/29/2006		A		150,000		06/29/2006	03/29/2	/2016	Common Stock	150,00	00(1)	\$0.26	345,586	(2)	D	
		I	l	1	1	1	ı	I	1			1	- 1		I			1

Explanation of Responses:

- 1. The options vest quarterly over a three year period.
- 2. This amount does include Warrants and Options to purchase an aggregate of 112,823 shares and 82,763 shares, respectively, of common stock which has been previously reported by the Reporting Person and is held directly by the Reporting Person.

Remarks:

This form does not include 179,290 shares of common stock which has been previously reported by the Reporting Person and is held by the Reporting Person.

<u>/s/ Thomas J. McKearn</u> <u>06/22/2006</u>

** 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.