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

Name and Address of Reporting Person* Reddish Mark			. Date of Event Requiring Staten Month/Day/Year 02/17/2012	nent	3. Issuer Name and Ticker or Trading Symbol TAPIMMUNE INC [TPIV]							
(Last) (First) (Middle) 4536 308 AVE SE (Street) FALL CITY WA 98024					Relationship of Reporting P (Check all applicable) Director		n(s) to Issue 10% Owne			5. If Amendment, Date of Original Filed (Month/Day/Year)		
					X	Officer (give title below) Vice Presider	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One			
(City)	(State)	(Zip)								Reporting Po		
		Т	able I - Non	-Derivat	ive S	ecurities Beneficially	y Owned					
1. Title of Security (Instr. 4)						ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock							D					
Common Stoc.	K					166,667	D					
Common Stoc	k .	(e.				166,667 urities Beneficially Options, convertible	Dwned	s)				
1. Title of Deriva				s, warra	nts, c	urities Beneficially (Owned securities	4. Conver or Exer Price o	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Remarks:

Mark Reddish 04/19/2012

** Signature of Reporting Person Dat

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

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.

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