FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ington, D.C. 20549 | ON |
|--------------------|----|
| | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

0.5

hours per response:

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

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

| Name and Address of Reporting Person* Mayes, Gregory T. | | | | 2. Issuer Name and Ticker or Trading Symbol Advaxis, Inc. [ADXS] | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|---|------------------------------|---|--|---|--|---------------------|--|---|---|--|--|--|--|
| (Last) 305 COL | (F LEGE RO | First) AD EAST | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/03/2016 | | | | | | Officer (give title Other (speci below) below) Chief Business Officer | | | pecify | |
| (Street) PRINCE (City) | | | 08540 (Zip) | 4. | If Ame | endment, Da | ate of | Original Filed | I (Month/Day | /Year) | 6. In | Form fil | oint/Group Filing ed by One Rep ed by More than | orting Person | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | 5. Amoun Securities Beneficia Owned Fo | Forn lly (D) collowing (I) (II | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code V | Amount | (A) or (D) | Price | Transacti (Instr. 3 a | on(s) | | msu. 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 | e of ivative (Month/Day/Year) if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date of Secu (Month/Day/Year) Underly Derivat | | 7. Title and of Securiti Underlying Derivative (Instr. 3 and | es J Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 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 | | Transaction(s) (Instr. 4) | | |
| Options | \$7.71 | 11/03/2016 | | A | | 68,906 ⁽¹⁾ | | 11/03/2017 | 11/03/2026 | Common Stock | 68,906 | \$0 | 68,906 | D | |

Explanation of Responses:

1. This award relates to the annual long term incentive grant awarded by the Compensation Committee following the completion of our 2016 Fiscal Year and is subject to the terms of our 2015 Incentive Plan. The award vests one-third on November 3, 2017, one-third on November 3, 2018, and will be fully vested on November 3, 2019.

/s/ Sara Bonstein, as attorneyin-fact for Gregory Mayes 11/07/2016

** 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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$