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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

1. Name and Address of Reporting Person * <u>ARISTAR CAPITAL MANAGEMENT, LLC</u> <hr/> (Last) (First) (Middle) 1120 AVENUE OF THE AMERICAS SUITE 1514 <hr/> (Street) NEW YORK NY 10036 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/01/2015	3. Issuer Name and Ticker or Trading Symbol <u>HEAT BIOLOGICS, INC. [HTBX]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person <input checked="" type="checkbox"/>

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	697,303	I	See Footnote ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person *

ARISTAR CAPITAL MANAGEMENT, LLC

(Last) (First) (Middle)

1120 AVENUE OF THE AMERICAS
SUITE 1514

(Street)

NEW YORK NY 10036

(City) (State) (Zip)

1. Name and Address of Reporting Person *

ARISTAR HEAT, LLC

(Last) (First) (Middle)

1120 AVENUE OF THE AMERICAS
SUITE 1514

(Street)

NEW YORK NY 10036

(City) (State) (Zip)

1. Name and Address of Reporting Person *

ARISTAR CAPITAL MANAGEMENT GP, LLC

(Last) (First) (Middle)

1120 AVENUE OF THE AMERICAS
SUITE 1514

(Street)

NEW YORK NY 10036

(City) (State) (Zip)

Explanation of Responses:

1. The securities are held in the account of Aristar Ventures III, LLC ("Aristar Ventures III") and may be deemed to be owned by (a) Aristar Capital Management, LLC, the investment manager of Aristar Ventures III, (b) Aristar Heat, LLC, the managing member of Aristar Ventures III, (c) Aristar Capital Management GP, LLC, the managing member of Aristar Heat, LLC and (d) Edward B. Smith III, the managing member of Aristar Capital Management, LLC. Each reporting person disclaims beneficial ownership of these reported securities except to the extent of its pecuniary interest therein, and this report shall not be deemed an admission that any such person is the beneficial owner of these securities for purposes of Section 16 of the U.S. Securities Exchange Act of 1934, as amended, or for any other purpose.

Aristar Capital Management, LLC

By: /s/ Edward B. Smith, III

01/08/2015

Edward B. Smith, III, Managing
Member

Aristar Heat, LLC By: /s/ Aristar
Capital Management GP, LLC, its

01/08/2015

Managing Member By: /s/ Edward
B. Smith, III

Aristar Capital Management GP,

LLC By: /s/ Edward B. Smith, III

01/08/2015

Edward B. Smith, III, Managing
Member

** 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 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).

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.