FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0104					
Estimated average burden						
hours per response:	0.5					

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

Name and Address of Reporting Person* Deyev Vadim			2. Date of Event Requiring Statement (Month/Day/Year) 07/23/2013	3. Issuer Name and Ticker or Trading Symbol HEAT BIOLOGICS, INC. [HTBX]					
(Last)	(First)	(Middle)		Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
C/O 100 EURO	PA DRIVE			X	Director Officer (give title below)		er (specify		vidual or Joint/Group Filing (Check able Line) Form filed by One Reporting Person
(Street) CHAPEL HILL	NC	27517			Director of Applied Research		A	Form filed by More than One Reporting Person	
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Beneficially Owned

·· · · · · · · · · · · · · · · · · ·	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or	4. Nature of Indirect Beneficial Ownership (Instr. 5)
		Indirect (I) (Instr. 5)	

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

1. Title of Derivat	ive Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Title and Amount of Securities Underlyin Derivative Security (Instr. 4)			derlying	or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Indirect (I) Derivative (Instr. 5) Security			
Options		09/02/2009	09/01/2018	Common Stock	10,870(1)	0.00	D	

Explanation of Responses:

1. Fully vested.

/s/ Vadim Deyev

07/23/2013

** Signature of Reporting Person

Date

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).