FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

O	MB	AP	PR	O\	/AI

l	OMB Number:	3235-0287
l	Estimated average burden	
l	hours per response:	0.5

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* Wolf Jeffrey Alan			2. Issuer Name and Ticker or Trading Symbol HEAT BIOLOGICS, INC. [HTBX]		tionship of Reporting Person(s all applicable)	to Issuer		
(Last) C/O HEAT BIOLO	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/01/2019	X	Officer (give title below) Chief Executive C	Other (specify below)		
		27560	4. If Amendment, Date of Original Filed (Month/Day/Year) 01/03/2019	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Ac Disposed Of (D)	quired (A) or (Instr. 3, 4 and 5)		Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	01/01/2019		A		800,000(1)	A	\$0	888,693 ⁽²⁾	D ⁽²⁾	

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

- 1	1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Num	ber of	6. Date Exerc	isable and	7. Title and A	mount of	8. Price of	9. Number of	10.	11. Nature
- 1	Derivative	Conversion	Date	Execution Date,	Transac	tion	Derivat	ive	Expiration Da	ate	Securities U	nderlying	Derivative	derivative	Ownership	of Indirect
- 1	Security (Instr. 3)	or Exercise	(Month/Day/Year)	if any	Code (In	ıstr.	Securit	ies	(Month/Day/Y	'ear)	Derivative Se	curity	Security	Securities	Form:	Beneficial
- 1		Price of		(Month/Day/Year)	8)		Acquire	ed (A)			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Direct (D)	Ownership
- 1		Derivative					or Disp	osed of						Owned	or Indirect	(Instr. 4)
- 1		Security					(D) (Ins	tr. 3, 4						Following	(I) (Instr. 4)	
- 1						a								Reported		
- 1													1	Transaction(s)		
- 1						l						Amount		(Instr. 4)		
-1						l						or				
-1						l	l		Date	Expiration		Number				
L					Code	٧	(A)	(D)	Exercisable	Date	Title	of Shares				

Explanation of Responses:

- 1. This Amendment is being filed to correct a typographical error in the amount of securities beneficially owned following reported transaction. The amount does not reflect the reverse stock split that was effected on January 18,
- 2. Does not include 26,468 shares held by Mr. Wolf's children's trust (the "Trust"). Mr. Wolf is not the trustee, nor does he claim beneficial ownership of the Trust. Mr. Wolf disclaims beneficial ownership of the shares of Common Stock held by the Trust, Orion (as defined below), and Seed-One (as defined below), except to the extent of any pecuniary interest (as defined in Rule 16a-1(a)(2) promulgated under the Securities Exchange Act of 1934, as amended) that he may have in such entities.

/s/ Jeffrey Alan Wolf 01/02/2020 Date

** Signature of Reporting Person

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.