FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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

U obligat	n 16. Form 4 or ions may conti tion 1(b).		_	Filed			Section 16 n 30(h) of th						4		Estimat hours p		rage burden onse:	0.5	
Name and Address of Reporting Person* 2.						ame and Tide Lifesc]			Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle) 3. Date of 04/13/2						arliest Tran	saction (Mo	onth/D	ay/Year)				Officer (give title Other (specify below) below)						
(Street) NEW YORK NY 10022					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	()	State)	(Zip)																
		•	Table I - Non	-Deriva	ative	Sec	urities A	cquired	Dis	posed	of, or	Bene	eficially C	Owned					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dispos Code (Instr.		urities Acquired (A) or sed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owr Following Reported		Form:	Direct I Indirect E tr. 4)	. Nature of ndirect eneficial wnership nstr. 4)	
						L		Code	v	Amount	t	(A) or (D)	Price	Transaction (Instr. 3 and				,	
Common	Stock			04/13/	2020	\downarrow		X		2,516	,667	A	\$0.12	2,728,	,335	Ι	O ⁽¹⁾		
Common	Stock			04/13/	2020			x		0		A	\$0	\$0 2,728,335		,335 I		See Footnote 1	
Common	Stock			04/13/	2020			X		2,569	,167	A	\$0.12 5,297,50		΄,502 Γ		502 D ⁽¹⁾		
Common Stock			04/13/	13/2020					0		A	\$0	5,297,502				See Footnote 1		
			Table II - I				rities Ac , warrant							vned	'		'		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year	Transaction Code (Instr.		Derivative Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		derlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	1	Amount or Number of Shares	or Trans (Instr.		Fransaction(s) Instr. 4)			
Series C Prefunded Warrants	\$0.12	04/13/2020		х			2,516,667	(3)		(3)	COMN STO		2,516,667	\$0.12	0		D ⁽¹⁾		
Series C Prefunded Warrants	\$0.12	04/13/2020		Х			0	(3)		(3)	COMN		0	\$0	0		I	See Footnote 1	
Series F Prefunded Warrants	\$0.12	04/13/2020		X			2,569,167	(4)		(4) COMMON STOCK				\$0.12	0		D ⁽¹⁾		
Series F Prefunded Warrants	\$0.12	04/13/2020		Х			0	(4)		(4)	COMN		0	\$0	0		Ī	See Footnote 1	
Series G Warrants	\$3.7 ⁽²⁾							03/25/202	0 03	/25/2025	COMN		1,200,000		1,200,0	000	D ⁽¹⁾		
Series G Warrants	\$3.7 ⁽²⁾							03/25/202	0 03	/25/2025	COMN STO		0		1,200,0	000	I	See Footnote 1	
Series E Warrants	\$6							09/23/201	9 11	/12/2020	COMN		2,625,000		2,625,0	000	D ⁽¹⁾		
Series E Warrants	\$6							09/23/201	9 11	/12/2020	COMN STO		0		2,625,0	000	I	See Footnote 1	
Series A Warrants	\$2.64							06/18/201	9 11	/12/2024	COMN		2,625,000		2,625,0	000	D ⁽¹⁾		
Series A Warrants	\$2.64							06/18/201	9 11	/12/2024	COMN		0		2,625,0	000	I	See Footnote 1	
1. Name at	nd Address of	Reporting Person*																	

ARMISTICE CAPITAL, LLC						
(Last)	(First)	(Middle)				
510 MADISON A	AVENUE, 7TH FL	OOR				
(Street)						
NEW YORK	NY	10022				
(City)	(State)	(Zip)				

1. Name and Address of Reporting Person* <u>Armistice Capital Master Fund Ltd.</u>							
(Last)	(First)	(Middle)					
C/O DMS CORPORATE SERVICES LTD.							
20 GENESIS CLOSE, P.O. BOX 314							
(Street)							
GRAND CAYMA	AN E9	KY1-1104					
-							
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* <u>Boyd Steven</u>							
(Last)	(First)	(Middle)					
C/O ARMISTICE CAPITAL, LLC							
510 MADISON AVENUE, 7TH FLOOR							
(Street)							
NEW YORK	NY	10022					
(City)	(State)	(Zip)					

Explanation of Responses:

- 1. The reported securities are directly owned by Armistice Capital Master Fund Ltd., a Cayman Islands corporation (the "Master Fund"), and may be deemed to be indirectly beneficially owned by Armistice Capital, LLC ("Armistice Capital") as the investment manager of the Master Fund. The reported securities may also be deemed to be indirectly beneficially owned by Steven Boyd as Managing Member of Armistice Capital Armistice Capital and Steven Boyd disclaim beneficial ownership of the reported securities except to the extent of their respective pecuniary interest therein, and this report shall not be deemed an admission that either of them are the beneficial owners of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.
- 2. On March 31, 2020, the Issuer and the Master Fund agreed to amend the terms of the Series G Warrants. Pursuant to that amendment, the exercise price of each Series G Warrant is now \$3.70.
- 3. The exercised Series C Prefunded Warrants had a perpetual term.
- 4. The exercised Series F Prefunded Warrants had a perpetual term.

Armistice Capital, LLC By: /s/ Steven Boyd, Managing Member 04/15/2020

Armistice Capital Master Fund

<u>Ltd. By: /s/ Steven Boyd</u>, <u>04/15/2020</u>

Director

<u>/s/ Steven Boyd</u> <u>04/15/2020</u>

** 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.