INTERLEUKIN GENETICS INC

Form 4 May 21, 2013

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

burden hours per

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

5. Relationship of Reporting Person(s) to

response...

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue.

1. Name and Address of Reporting Person *

05/17/2013

Stock

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

SECURITIES

See Instruction

1(b).

(Print or Type Responses)

| Delta Dental Plan of Michigan, Inc. | | | 2) 111 | TERLEUKIN GENETICS INC | Issuer (Check all applicable) | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|---|--|---|--|--|--|--|
| | (Last) 4100 OKE | (First) MOS ROAD | (Mor | ate of Earliest Transaction nth/Day/Year) 17/2013 | Director X 10% Owner Officer (give title below) Other (specify below) | | | | |
| (Street) OKEMOS, MI 48864 | | | | Amendment, Date Original d(Month/Day/Year) | 6. 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 Ac | quired, Disposed of, or Beneficially Owned | | | | |
| | 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i any (Month/Day/Year | Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) | 5. Amount of 6. 7. Nature Securities Ownership of Indirect Beneficially Form: Beneficial Owned Direct (D) Ownership Following or Indirect Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4) | | | | |
| | Common | 05/17/2012 | | C 10.029.061 A \$ | 10.020.061 D | | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \mathbf{C}

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

0.2745

10,928,961

D

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

10,928,961 A

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| 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) | 4. Transaction Code (Instr. 8) | * | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount Underlying Securitie (Instr. 3 and 4) | |
|---|--|--------------------------------------|---|---|-----|------------|--|--------------------|---|---------------------------|
| | · | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amour Number Shares |
| Series B Convertible Preferred Stock | \$ 0.2745 | 05/17/2013 | | C | | 10,928,962 | <u>(1)</u> | <u>(1)</u> | Common Stock | 10,92 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Delta Dental Plan of Michigan, Inc. 4100 OKEMOS ROAD OKEMOS, MI 48864 | | X | | | | |

Signatures

Jonathan S. Groat, Vice President and General Counsel

05/21/2013

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) The Series B Convertible Preferred Stock was convertible at any time, at the reporting person's election, and had no expiration date.

 Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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Reporting Owners 2