

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB 32	235-
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burden hours per	
response	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	2. Date of Event Requirin Statement (Month/Day/Year) — 05/10/2018		- -					
(Mont			ABEONA I	ABEONA THERAPEUTICS INC. [ABEO]				
05/10			Person(s) to Is (Check a	suer all applicable)	Filed(Mo	5. If Amendment, Date Original Filed(Month/Day/Year)		
				Officer (give Other (specify		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person		
iip)	Tal	ble I -	- Non-Derivativ	e Securities	Beneficially	Owned		
	Ber	neficia	lly Owned	Ownership Form: Direct (D) or Indirect (I)	Ownership	direct Beneficial		
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2. Date Exe	nte Exercisable Expiration Date h/Day/Year)		ele and Amount of rities Underlying vative Security	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
Date	Expiration Date		Amount or Numb	Derivative Security	Security: Direct (D) or Indirect			
	Statem (Mont 05/10 of 10	Statement (Month/Day/Year 05/10/2018 Dip) Tal 2. A Ber (Instance of the collection of the collectio	Statement (Month/Day/Year) 05/10/2018 Table I 2. Amoun Beneficia (Instr. 4) 2. Amoun Beneficia (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Tit Securities Beneficially Owned 2. Date Exercisable and Expiration Date (Month/Day/Year) Securities Beneficially Owned 2. Date Exercisable and Expiration Date (Month/Day/Year)	Statement (Month/Day/Year) 05/10/2018 4. Relationship Person(s) to Is (Check a X_ Director Officer (givititle below) 2. Amount of Securities Beneficially Owned (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 5. Date Exercisable and Expiration Date (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	Statement (Month/Day/Year) 05/10/2018 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector	Statement (Month/Day/Year) 05/10/2018 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director Officer (give below) 4. Nature of Indowership Form: Direct (D) or Indirect (I) (Instr. 5) Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 5) Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) The respond to the collection of information contained in this form are detected to respond unless the form displays a currently valid OMB control Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible and Expiration Date (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 5. Ownership Form of Derivative Security Ownership Form of Derivative		

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address		10% Owner	Officer	Other	
Buono Stefano					
1330 AVENUE OF THE AMERICAS STE 33A	X				
NEW YORK, NY 10119					

Signatures

/s/ Stefano Buono	05/21/2018
**Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.