UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): **February 1, 2011**

AETHLON MEDICAL, INC.

(Exact name of registrant as specified in its charter)

Nevada	000-21846	13-3632859
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

8910 University Center Lane, Suite 660 **San Diego, California**	**92122**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(858) 459-7800**

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01 Regulation FD Disclosure

The Registrant disclosed today, February 1, 2011, that it has published a report entitled "The Evolution of Therapeutic Filtration to Improve Hepatitis-C Virus (HCV) Treatment Outcomes." The report is being provided for informational purposes to select members of the medical community and contains information that may be material to the Registrant's clinical and business programs. The Registrant has made the report available on its website (www.aethlonmedical.com) and it can be accessed under the knowledge center section of the website.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits. The following exhibit is being furnished pursuant to Item 7.01 above.

Exhibit No.	Description
99.1	The Evolution of Therapeutic Filtration to Improve Hepatitis-C Virus (HCV) Treatment Outcomes

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

AETHLON MEDICAL, INC.
(Registrant)

Date: February 1, 2010

By: /s/ James B. Frakes
James B. Frakes
Chief Financial Officer

EXHIBIT INDEX

Exhibit No.	Description
99.1	The Evolution of Therapeutic Filtration to Improve Hepatitis-C Virus (HCV) Treatment Outcomes

Exhibit 99.1

The Evolution of Therapeutic Filtration to Improve Hepatitis-C Virus (HCV) Treatment Outcomes

An Introductory Summary

February 1, 2011

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Therapeutic filtration of HCV from the entire circulatory system with a medical device has been clinically demonstrated to improve treatment outcomes when administered at the outset of standard of care (SOC) drug therapy. This summary overview, which includes an introduction to the Aethlon Hemopurifier®, is for informational purposes only.

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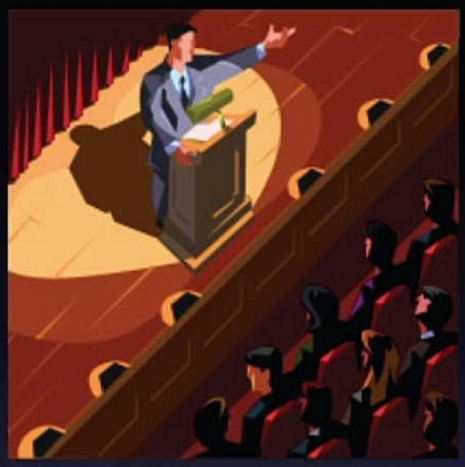

FORWARD LOOKING STATEMENTS FOR INFORMATIONAL PURPOSES ONLY

THIS INTRODUCTORY SUMMARY IS FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE CONSTRUED AS MEDICAL ADVICE OR A DOCUMENT TO MARKET THE AETHLON HEMOPURIFIER®. OUR HEMOPURIFIER® IS A CLINICAL STAGE DEVICE AND IS NOT CLEARED FOR USE IN THE MARKETPLACE BY REGULATORY AGENCIES. ADDITIONALLY, THIS SUMMARY MAY CONTAIN PREDICTIONS, ESTIMATES, AND OTHER FORWARD LOOKING STATEMENTS THAT INVOLVE RISKS AND UNCERTAINTIES, INCLUDING WHETHER AND WHEN OUR HEMOPURIFIER® AND OTHER PRODUCT OFFERINGS ARE SUCCESSFULLY DEVELOPED AND INTRODUCED, MARKET ACCEPTANCE OF OUR HEMOPURIFIER® AND OTHER PRODUCT OFFERINGS, REGULATORY DELAYS, MANUFACTURING DELAYS, AND OTHER RISKS DETAILED IN OUR SEC FILINGS ACCESSIBLE ONLINE AT WWW.SEC.GOV OR WWW.AETHLONMEDICAL.COM

About HCV Infection

The U.S. National Institutes of Health (NIH) reports an estimated 180 million people worldwide are afflicted with chronic HCV infection. Of people infected, 55 to 85% of will develop chronic infection, and 75% of those will develop chronic liver disease. Standard of care (SOC) drug therapy is represented by a two drug combination of interferon and ribavirin. The primary goal of SOC drug therapy is the achievement of a sustained virologic response (SVR), defined as undetectable viral load six months after completion of SOC drug therapy. According to the NIH, 15-25% of HCV infected patients will recover completely.

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SOC Drug Therapy Outcomes

- The largest study of HCV infected individuals pursuing 48-week SOC drug therapy was a study of 4,469 genotype 1 patients published by McHutchison in The New England Journal of Medicine in August of 2009.
- 31% (1,399 of 4,469) of patients screened for participation were excluded from the study.
- 54% (1,654 of 3,070) of treated patients completed the SOC treatment regimen.
- 39.6% (1,215 of 3,070) of treated patients who completed SOC therapy achieved a SVR.
- 27% (1,215 of 4,469) of the total patients screened for study participation achieved a SVR.
- No data recorded for patients who may have relapsed after achieving a SVR.

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About Therapeutic Filtration + SOC Drug Therapy

Therapeutic filtration of circulating HCV represents an emerging extracorporeal device strategy to lower and accelerate early viral depletion when administered at the outset of SOC drug therapy.

The Goal of Therapeutic Filtration + SOC Drug Therapy

- To improve early viral depletion kinetics to levels highly associative with a SVR.
- To provide HCV infected patients a mechanism to initiate SOC drug therapy with a lower viral burden.
- To accelerate 1st phase (first 24 hrs) viral decline in patients treated with SOC.
- To accelerate 2nd phase viral decline in patients treated with SOC.

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Advantages of Therapeutic Filtration as an Adjunct to SOC

- Improves viral clearance without adding drug toxicity
- Improves viral clearance without introducing new drug interaction risks
- Provides a mechanism to address all genotypes of HCV

Two therapeutic filtration strategies have been tested in HCV infected patients

- The VRAD, a market approved device from Asahi Kasei Kuraray Medical CO. (Japan)
- The Hemopurifier®, a clinical stage device from Aethlon Medical, Inc. (United States)

VRAD - Virus Removal and Eradication by Double Filtration Plasmapheresis (DFPP)

- Approved for market use in chronic HCV infection by Japan's Ministry of Health, Labour and Welfare
- Reimbursed by the Japanese Health Insurance Bureau
- The device integrates two plasma filters and multiple pumps to remove HCV and all other particles between 30nm and 250nm in size

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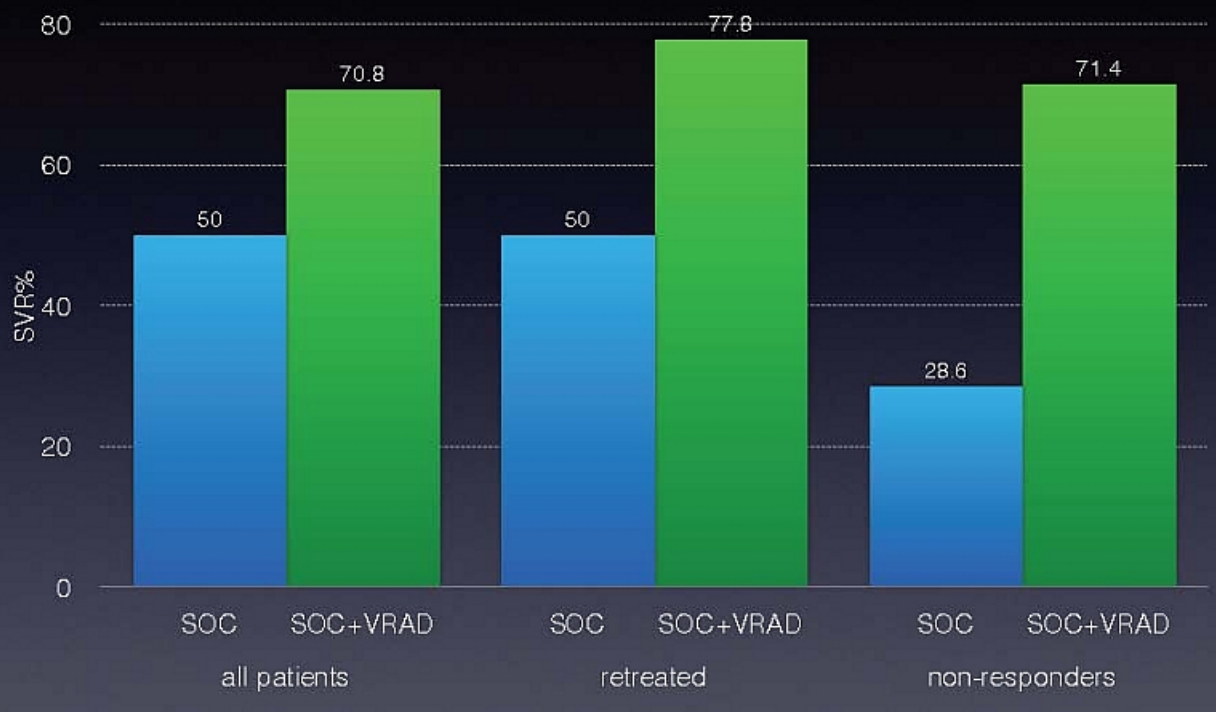
The following slide analyzes SVR rates in patients treated with interferon-ribavirin SOC with and without the administration of VRAD therapy*

*Based on three treatments / one per day over three consecutive days
Administered at outset of SOC drug therapy
Average treatment time of 3 hrs 14 minutes
Average viral load reduction of 26% per treatment

VRAD Treatment Outcomes

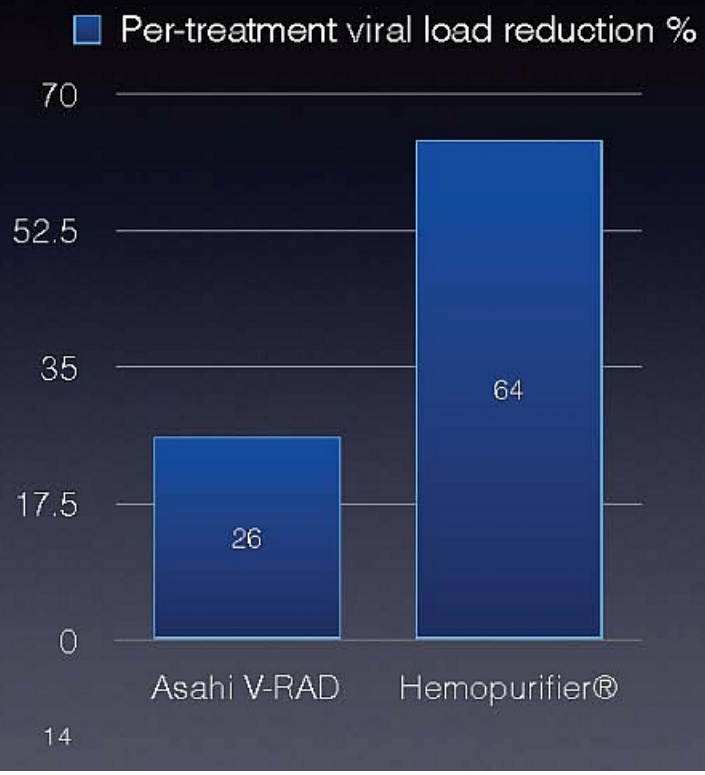


The Hemopurifier®

The first medical device to selectively remove HCV and related immunosuppressive proteins from circulation

The Hemopurifier® vs. VRAD Viral Depletion Analysis

- Average VRAD treatment period of 3 hrs 14 min with benefit of SOC drug therapy (n=72 treatments)
- Average Hemopurifier® treatment period of 4 hrs in absence of SOC drug therapy benefit (n=24 treatments)



The Hemopurifier®
vs. Asahi V-RAD

- In addition to improving viral clearance;
- The Hemopurifier® provides a selective capture mechanism which allows for greater safety, thereby permitting longer and more frequent administration to further optimize treatment outcomes;
- The Hemopurifier® removes immunosuppressive proteins shed by HCV that cannot be addressed by VRAD;
- The Hemopurifier® is a sealed single-use disposable cartridge vs. multiple cartridge and pump set-required by VRAD.

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The Hemopurifier® also has the advantage of being delivered through the established global infrastructure of dialysis stations (90,000+ in U.S. alone)

Additional Infrastructure to Deliver Hemopurifier® Therapy Includes:

- CRRT machines already located in hospitals and clinics
- Portable pump configurations

A Study of the Hemopurifier® + SOC Drug Therapy is Now Underway

- Patient enrollment has been initiated at the Medanta Medicity Institute in India - www.medanta.org
- Additional details can be accessed from the Clinical Trials Registry - India (CTRI) link: http://ctri.nic.in/clinicaltrials/index.jsp
- Up to 30 patients / up to 6 treatments in first 3 days of SOC
- Early clinical endpoints include:
  - Immediate Virologic Response (IVR)
  - Rapid Virologic Response (RVR)
  - Early Virologic Response (EVR)

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The Hemopurifier®

Other Selected Quick Facts

- 70 human treatment experiences administered to date
- An Investigation Device Exemption (IDE) to initiate U.S. studies has been filed with FDA
- Substantial viral load reductions have also been observed in a human HIV study performed in the absence of antiviral drugs
- GMP manufacturing has been established in an FDA approved facility
- The Hemopurifier® has proven broad-spectrum capabilities against viral bioterror and pandemic threats
- The device has been discovered to capture tumor-secreted exosomes known to suppress the immune system of cancer patients

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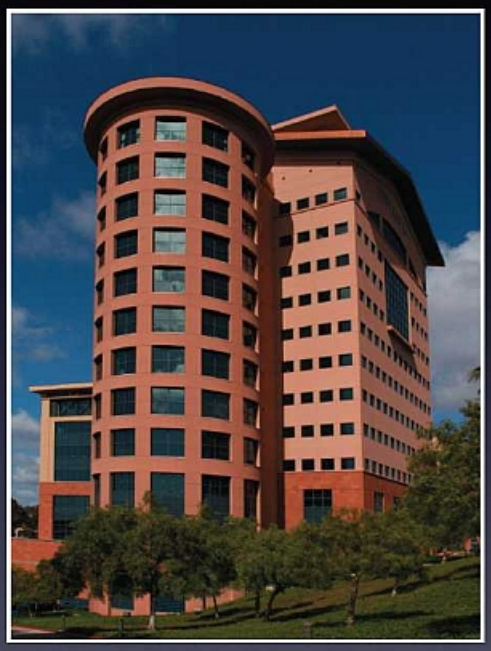

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