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): **June 8, 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 that on Wednesday, June 8, 2011, it made a presentation at the 20th International Vicenza Course of Hemodialysis and CKD in Vicenza, Italy. A copy of the presentation materials are being furnished as an exhibit to this report and are incorporated by reference into this Item 7.01. Also, the Registrant posted the presentation materials to its website (www.aethlonmedical.com) today, June 9, 2011.

Certain of the statements on the attached presentation may be forward-looking and involve risks and uncertainties. Such forward-looking statements involve assumptions, known and unknown risks, uncertainties and other factors which may cause the actual results, performance or achievements of Aethlon Medical, Inc. to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statements. Such potential risks and uncertainties include, without limitation, the ability for the Company to derive business partnerships or future revenue streams using the Aethlon ADAPT™ system, the Aethlon ADAPT™ systems' ability to selectively remove disease-related particles from the entire circulatory system without the loss of essential blood components or its ability to eliminate the need to infuse drug agents into the body, the Company's ability to commercialize its Hemopurifier® in India, the capability of the Hemopurifier® to reduce viral loads and other disease conditions or to identify or treat disease conditions such as cancer or Hepatitis-C, including the ability to capture exosomes and the impact that potential ability may have on disease conditions, the Company's ability to raise capital when needed, the Company's ability to complete the development of its planned products, the ability of the Company to obtain FDA and other regulatory approvals permitting the sale of its products, the Company's ability to manufacture its products either internally or through outside companies and provide its services, the impact of government regulations, patent protection on the Company's proprietary technology, product liability exposure, uncertainty of market acceptance, competition, technological change, and other risk factors. In such instances, actual results could differ materially as a result of a variety of factors, including the risks associated with the effect of changing economic conditions and other risk factors detailed in the Company's Securities and Exchange Commission filings.

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 Treatment of HCV on Dialysis Machines with Affinity Plasmapheresis

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.

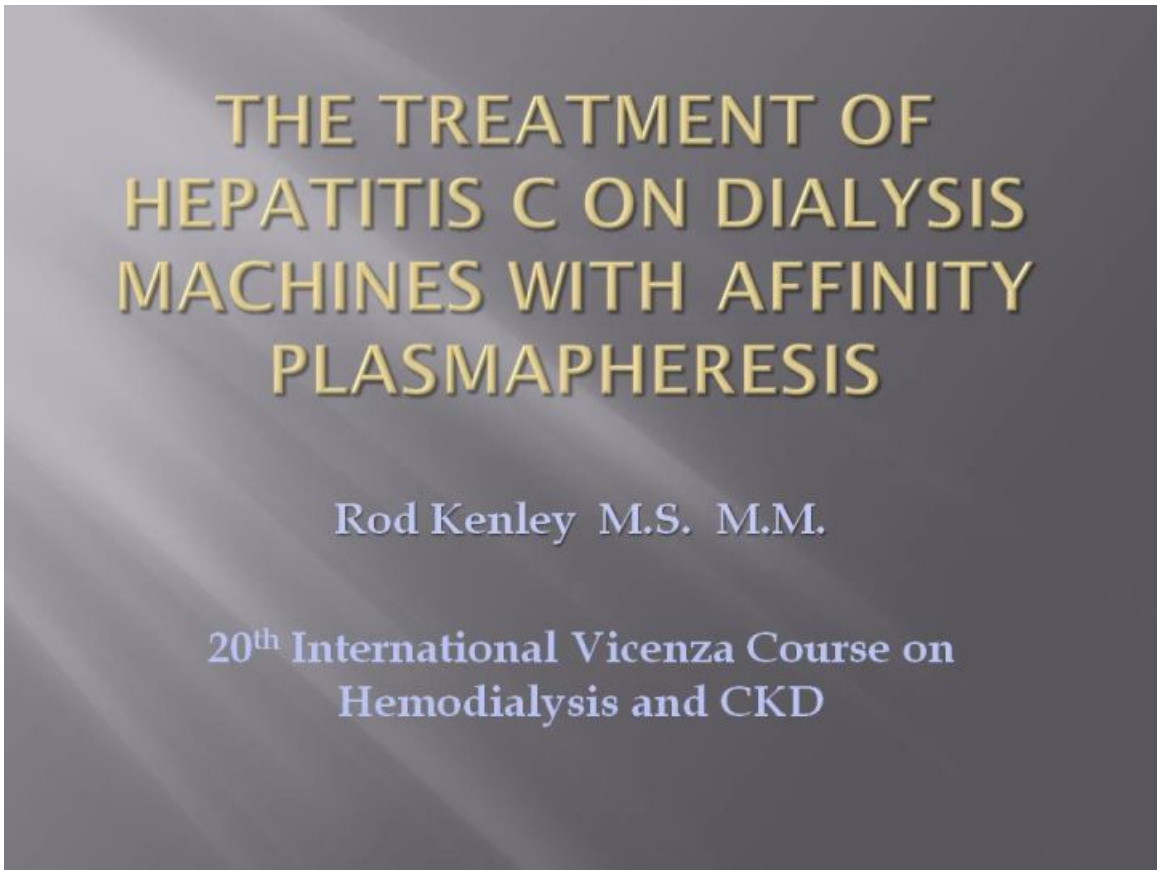
AETHLON MEDICAL, INC.
(Registrant)

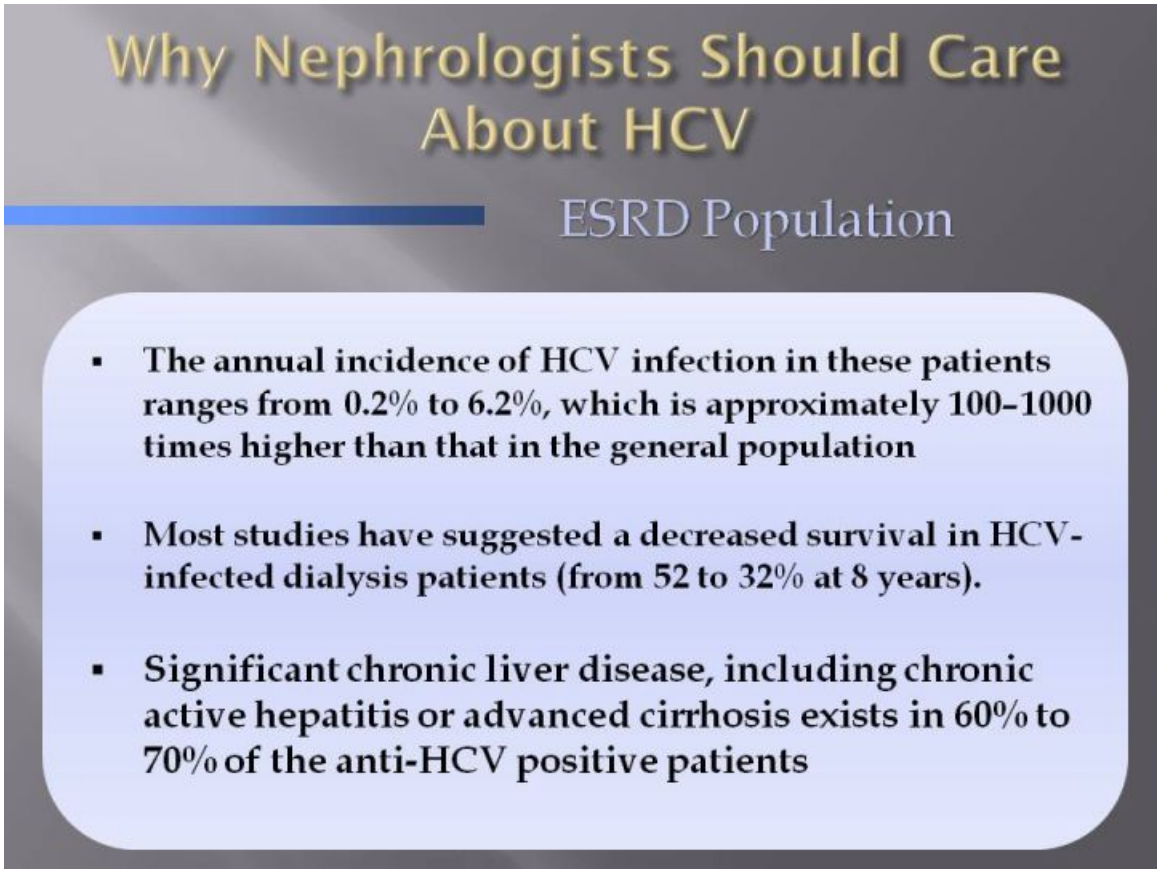
Date: June 9, 2011

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

EXHIBIT INDEX

Exhibit No.	Description
99.1	Presentation Materials


THE TREATMENT OF HEPATITIS C ON DIALYSIS MACHINES WITH AFFINITY PLASMAPHERESIS
Rod Kenley M.S. M.M.
20th International Vicenza Course on Hemodialysis and CKD


Why Nephrologists Should Care About HCV
ESRD Population
The annual incidence of HCV infection in these patients ranges from 0.2% to 6.2%, which is approximately 100–1000 times higher than that in the general population
Most studies have suggested a decreased survival in HCV-infected dialysis patients (from 52 to 32% at 8 years).
Significant chronic liver disease, including chronic active hepatitis or advanced cirrhosis exists in 60% to 70% of the anti-HCV positive patients

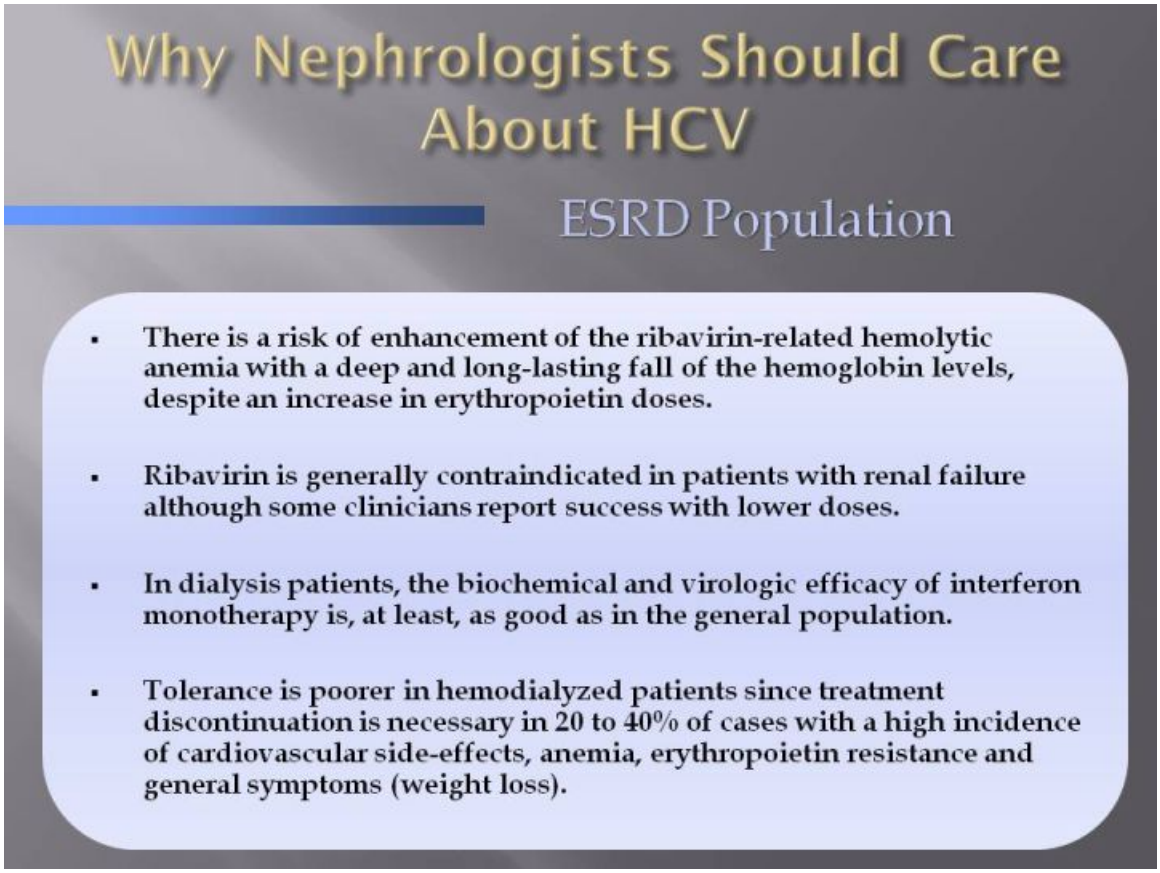
Why Nephrologists Should Care About HCV

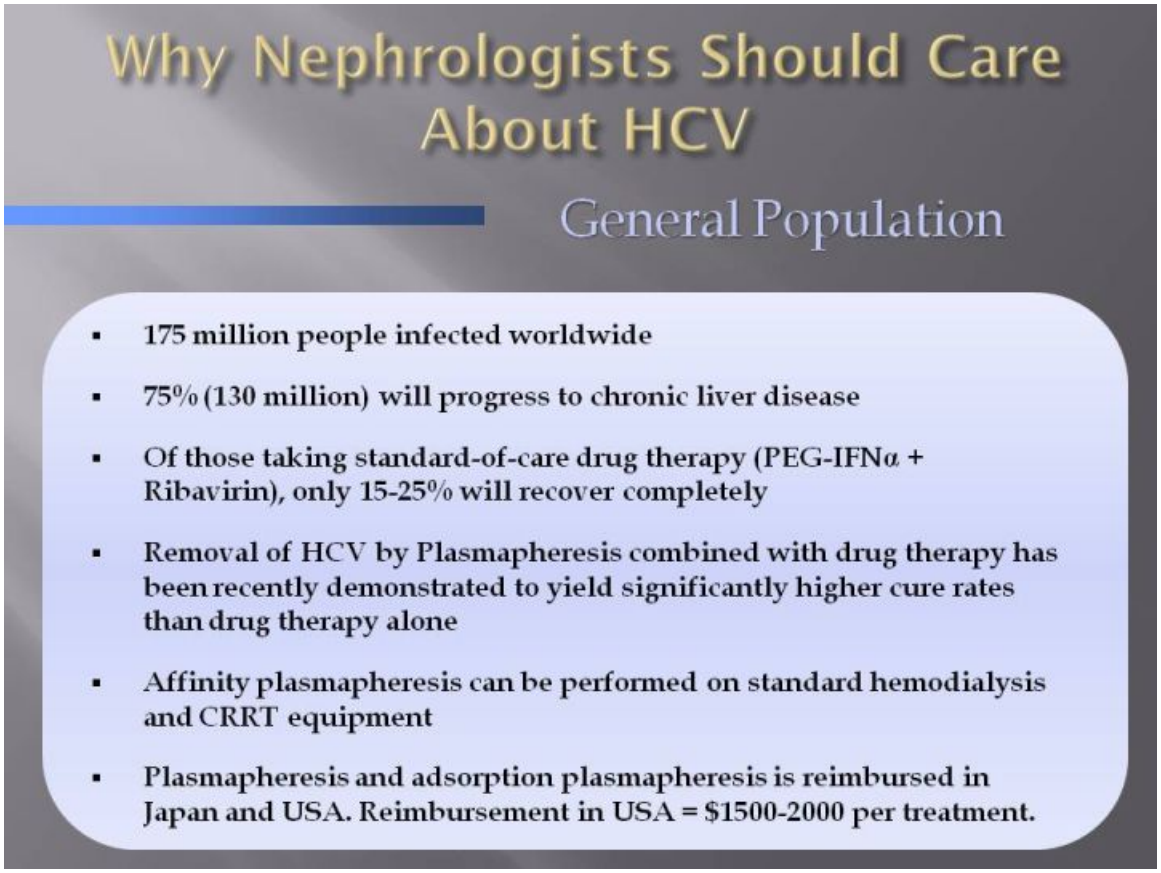
ESRD Population

- Liver failure is the cause of death in 8 to 28% of long-term renal transplant survivors
- Immunosuppression following renal transplantation could worsen the course of liver disease.
- One goal of HCV treatment is to decrease liver-related morbidity and mortality.

Standard-of-Care Drug Therapy

- **Pegylated Interferon (PEG-IFN)**
  - **Interferes with viral replication**
  - **Significant side-effects**
- **Ribavirin (RBV)**
  - **Recruits immune response**
  - **Causes anemia**


Why Nephrologists Should Care About HCV
ESRD Population
There is a risk of enhancement of the ribavirin-related hemolytic anemia with a deep and long-lasting fall of the hemoglobin levels, despite an increase in erythropoietin doses.
Ribavirin is generally contraindicated in patients with renal failure although some clinicians report success with lower doses.
In dialysis patients, the biochemical and virologic efficacy of interferon monotherapy is, at least, as good as in the general population.
Tolerance is poorer in hemodialyzed patients since treatment discontinuation is necessary in 20 to 40% of cases with a high incidence of cardiovascular side-effects, anemia, erythropoietin resistance and general symptoms (weight loss).


Why Nephrologists Should Care About HCV
General Population
175 million people infected worldwide
75% (130 million) will progress to chronic liver disease
Of those taking standard-of-care drug therapy (PEG-IFNα + Ribavirin), only 15-25% will recover completely
Removal of HCV by Plasmapheresis combined with drug therapy has been recently demonstrated to yield significantly higher cure rates than drug therapy alone
Affinity plasmapheresis can be performed on standard hemodialysis and CRRT equipment
Plasmapheresis and adsorption plasmapheresis is reimbursed in Japan and USA. Reimbursement in USA = $1500-2000 per treatment.

Why use Plasmapheresis for Viral Infections?

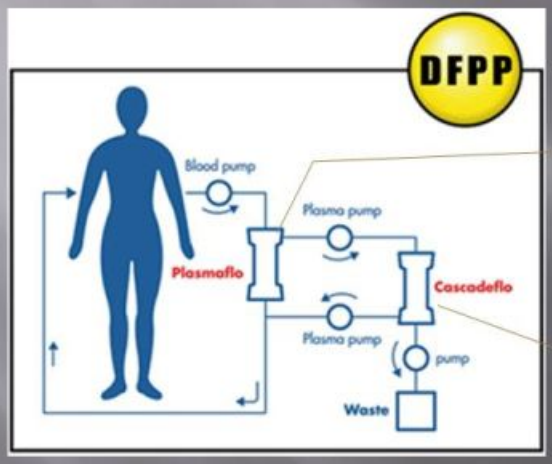
- What good does removing virions from circulation do when there are many more located in inaccessible intracellular locations?
- Host immunity required to defeat any infection (boy-in-bubble disease)
- Clinical outcomes are better when drug therapy is started at lower viral load levels
- A faster rate of viral load reduction in the early phases of drug therapy correlates with better outcomes

Contribution of Plasmapheresis to Improved Clincal Outcomes

Fujiwara et al; *Hepatology Research* 2007; 37: 701-710

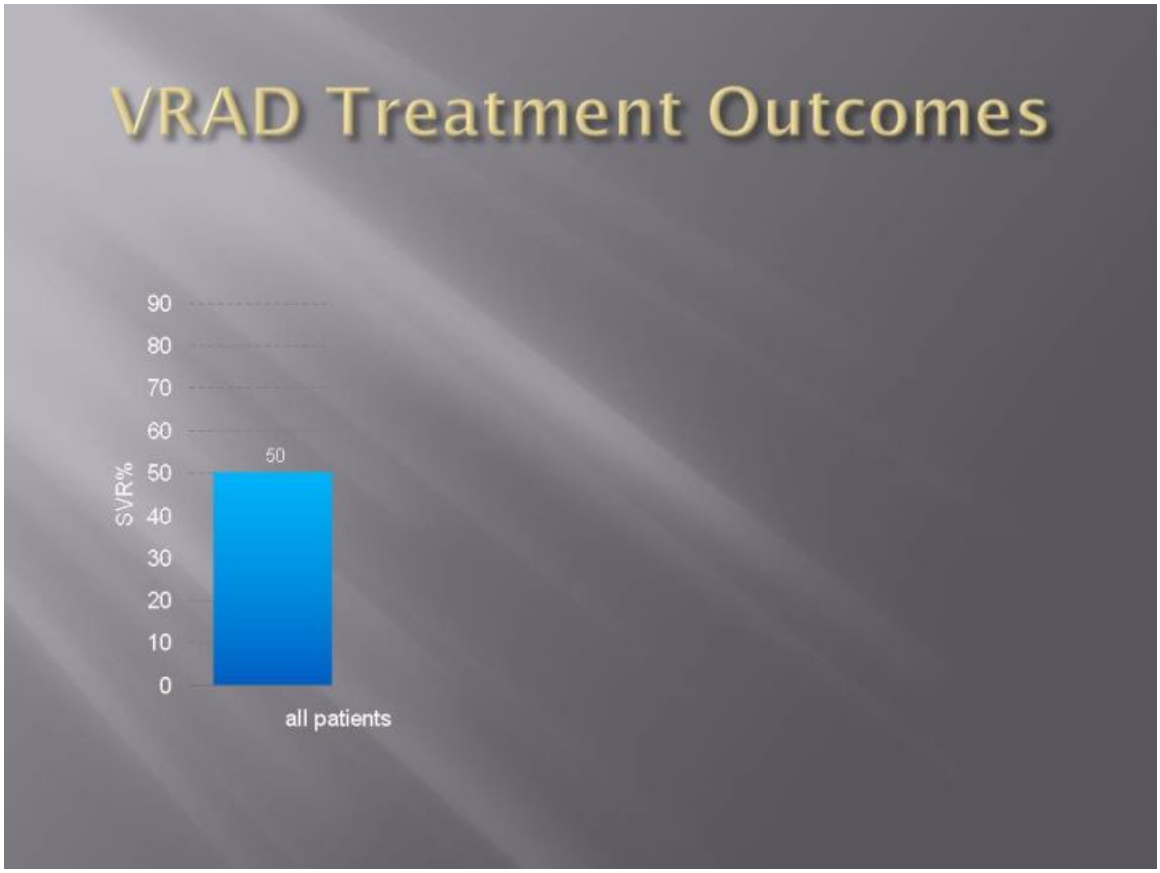
- **193 chronic genotype 1b hepatitis C patients having a high RNA load**
- **133 controls received drug therapy alone**
- **60 received Double Filtration Plasmapheresis (DFPP) treatments plus drug therapy**

Double Filtration Plasmapheresis
(VRAD System)



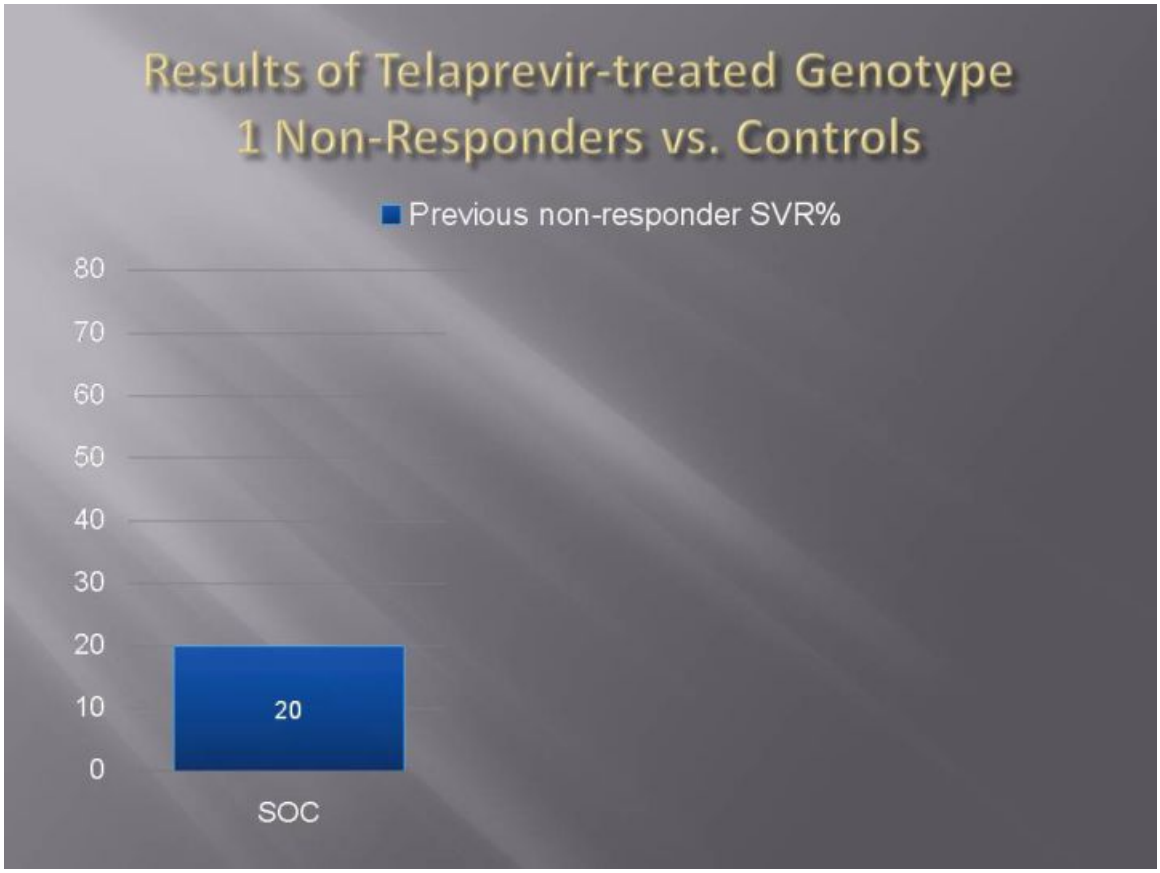
Contribution of Plasmapheresis to Improved Clincal Outcomes

- Averaged three DFPP treatments (range 1-5); one per day over consecutive days
- DFPP administered the same day as the start of drug therapy
- Average treatment time = 3 hrs. 14 minutes
- Average viral load reduction was 26% per treatment


VRAD Treatment Outcomes
90
80
70
60
50
40
30
20
10
0
SVR%
50
all patients

Are any new HCV drugs on the Horizon?

- Telaprevir (Vertex) and Boceprevir (Merck) recently approved in U.S.
- Both significantly improved SVR rates.
- Most prevalent side affect was anemia.
- There are no data on the safety and efficacy of Telaprevir and Boceprevir in patients with ESRD. Additional pharmacokinetic studies need to be done in order to define dosing recommendations in patients on hemodialysis.


Results of Telaprevir-treated Genotype 1 Non-Responders vs. Controls
Previous non-responder SVR%
80
70
60
50
40
30
20
10
0
20
SOC

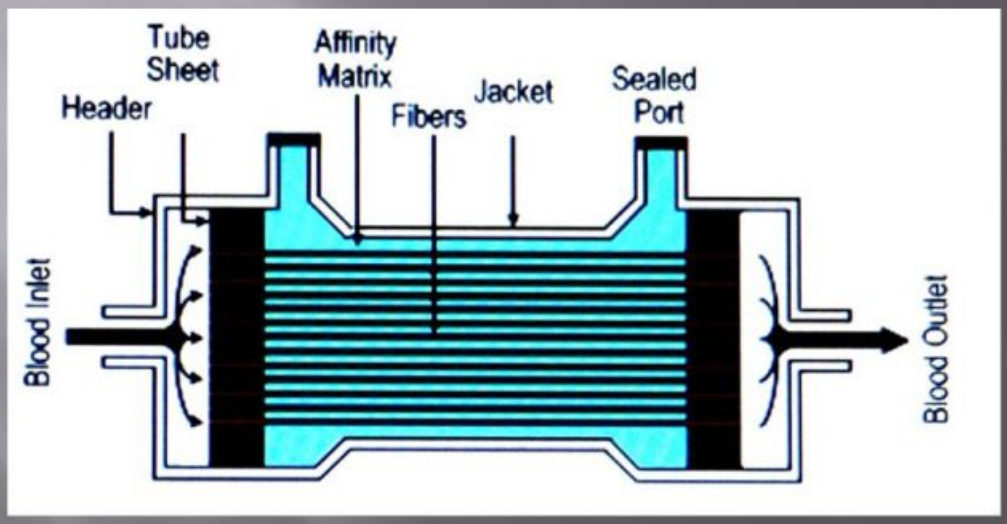
Lectin Affinity Plasmapheresis

- Derived from the Latin word *legere*, meaning, "to select".
- Lectins are sugar-binding proteins that are highly specific for their sugar moieties.
- Found on the surface of mammalian liver cells, it is believed that these cell-surface receptors are responsible for the removal of certain glycoproteins from the circulatory system.
- Lectins are also known to play important roles in the immune system by recognizing carbohydrates that are found exclusively on pathogens.

Table of the Major Lectins

Lectin Symbol	Lectin name	Source	Ligand
Mannose Binding Lectins			
ConA	Concanavalin A	*Canavalia ensiformis*	α-D-mannosyl and α-D-glucosyl residues branched α-mannosidic structures (high α-mannose type, or hybrid type and biantennary complex type N-Glycans)
LCH	Lentil lectin	*Lens culinaris*	Fucosylated core region of bi- and triantennary complex type N-Glycans
GNA	Snowdrop lectin	*Galanthus nivalis*	α 1-3 and α 1-6 linked high mannose structures
Galactose Binding Lectins			
RCA	Ricin	*Ricinuscommunis*	Galβ1-4GlcNAcβ1-R

Hemopurifier Diagram



Lectin Affinity Plasmapheresis

Aethlon Medical Inc. Hemopurifier

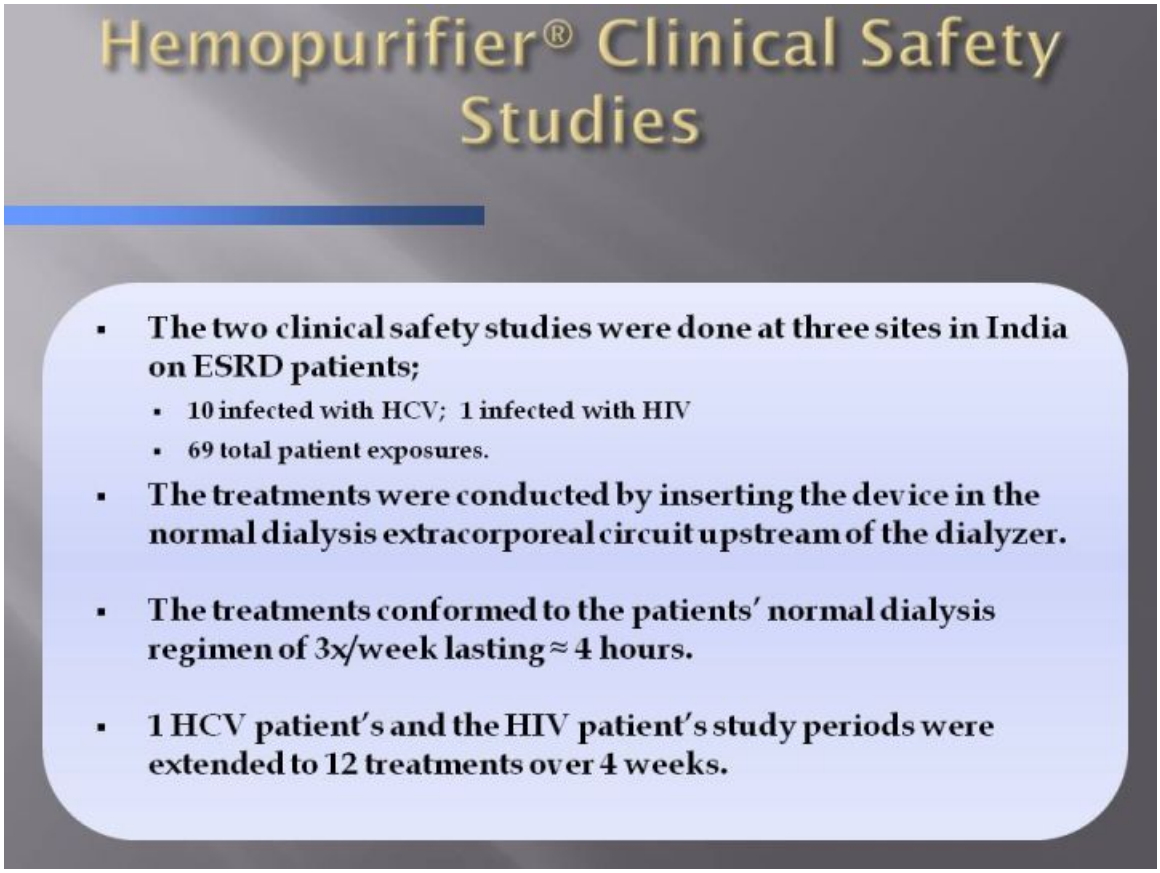
GNA Advantages

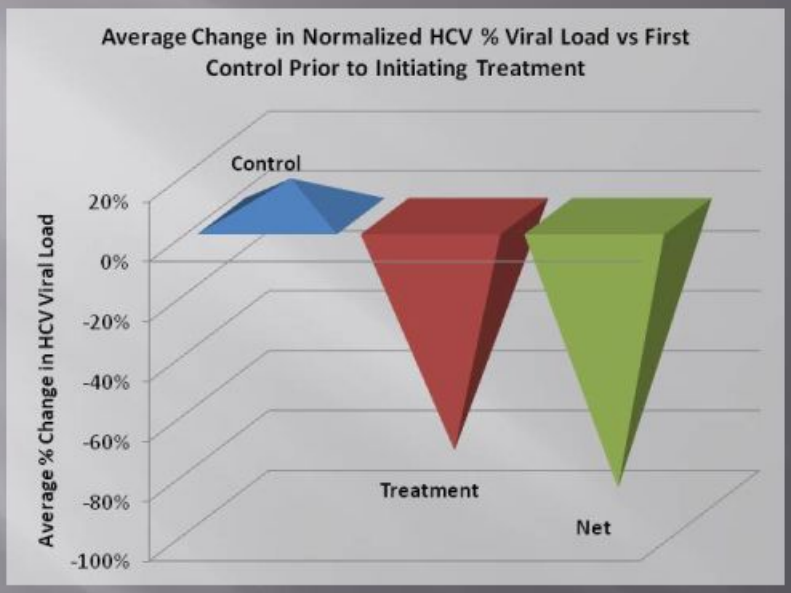

Snowdrop Amaryllis

- Safe enough to use in foods like potatoes, corn, rice, lettuce, papaya and bananas
- Broad specificity to pathogenic virus families due to the prevalence of mannose-rich glycoproteins in their envelope
  - HIV, HCV, Smallpox, Dengue, Ebola, H1N1, Influenza
- The sugar structures are put on by the host cell
  - are not under the control of the virus
  - are necessary for virus survival

Dual Benefit of Action

- **Antiviral**
  - Clearance of circulating virions
- **Enhances host defenses**
  - Clearance of virally-shed, immunosuppressive glycoproteins


Hemopurifier® Clinical Safety Studies
The two clinical safety studies were done at three sites in India on ESRD patients;
10 infected with HCV; 1 infected with HIV
69 total patient exposures.
The treatments were conducted by inserting the device in the normal dialysis extracorporeal circuit upstream of the dialyzer.
The treatments conformed to the patients' normal dialysis regimen of 3x/week lasting ≈ 4 hours.
1 HCV patient's and the HIV patient's study periods were extended to 12 treatments over 4 weeks.



N=24

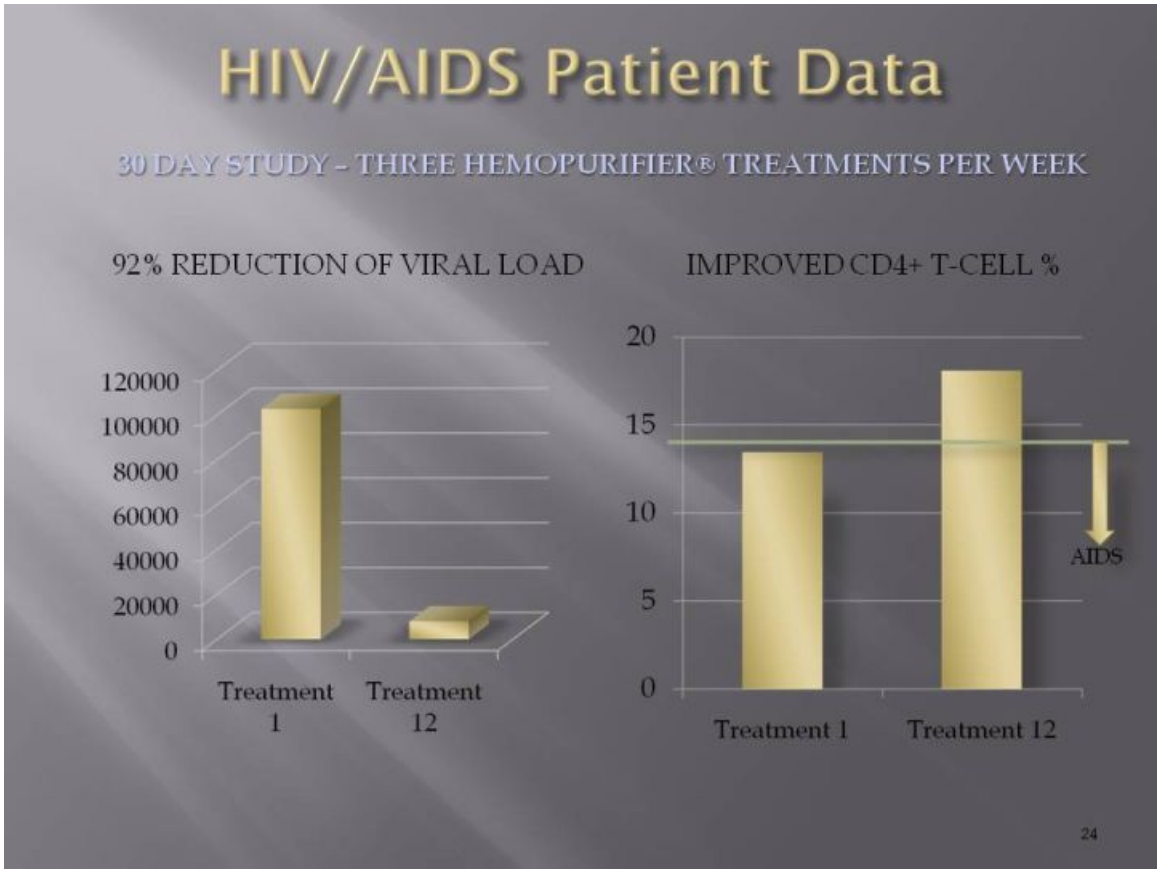
- Average viral load reduction during treatment was 64% per treatment.
- The viral load reduction remained at 13% one week after the treatment was completed.

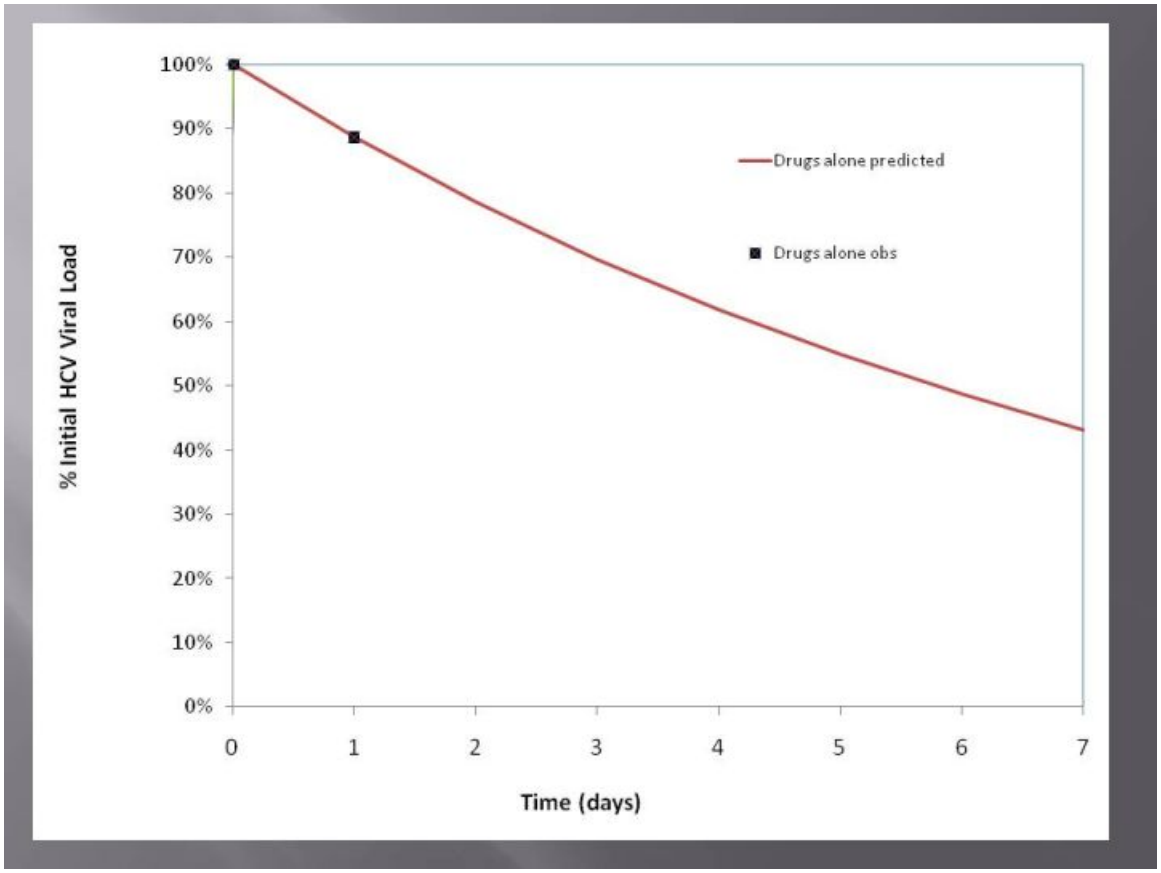
Lectin Affinity Plasmapheresis vs. Double Filtration Plasmapheresis

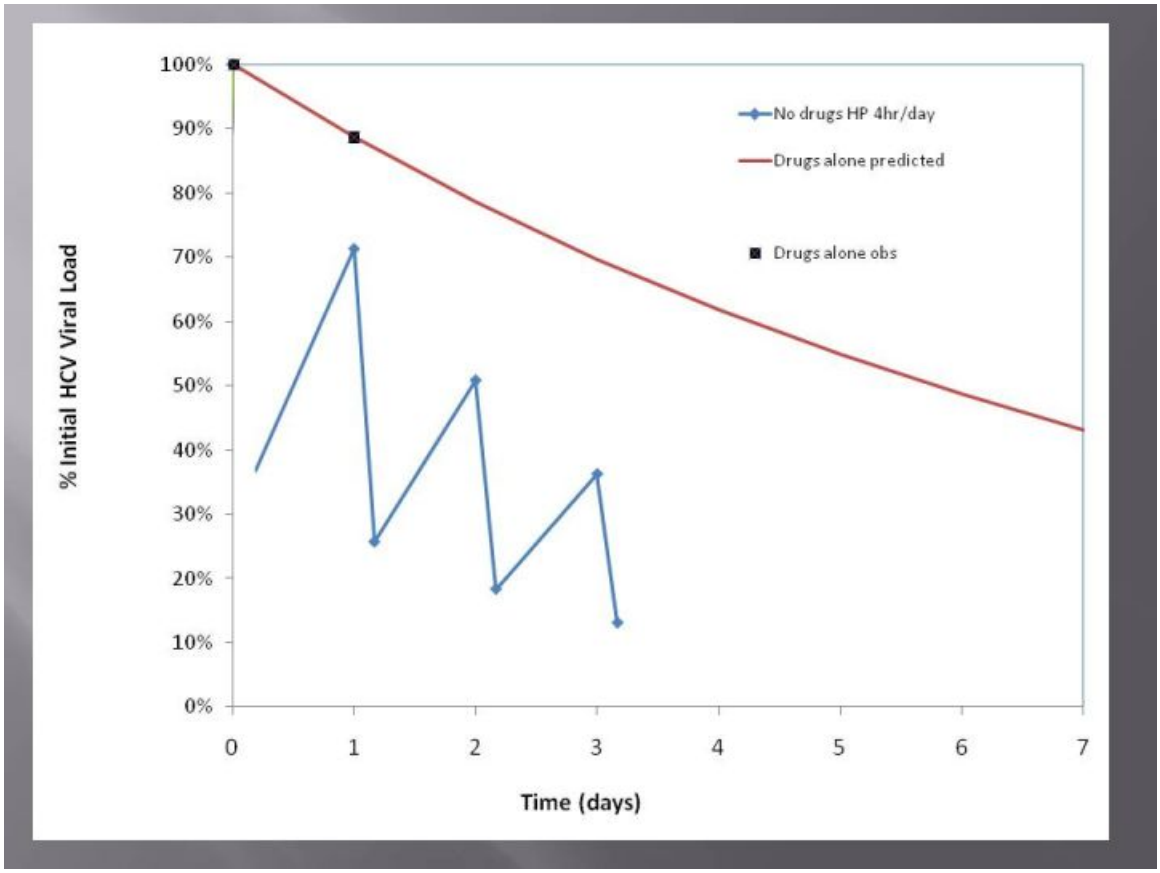
- Average DFPP treatment period of 3 hrs 14 min with benefit of SOC drug therapy (n=72 treatments)
- Average LAPP treatment period of 4 hrs in absence of SOC drug therapy benefit (n=24 treatments)

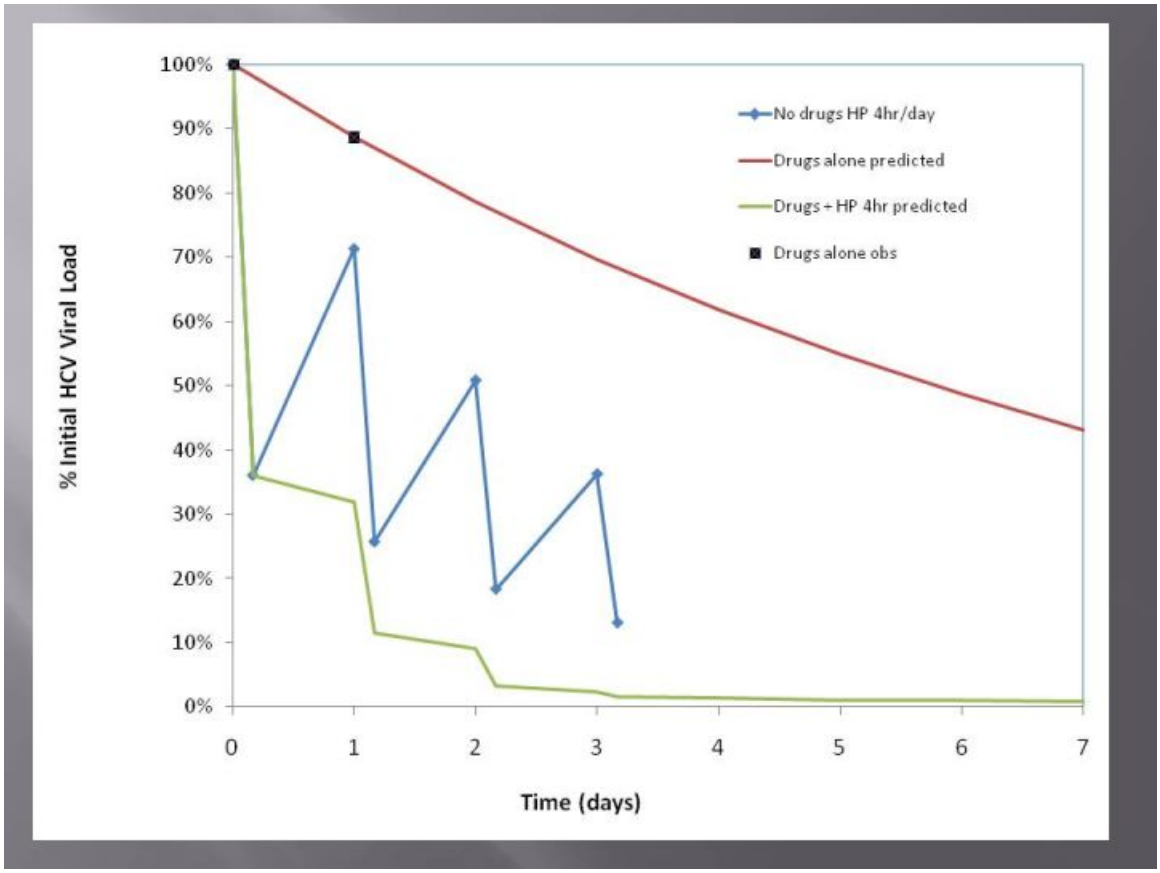
Lectin Affinity Plasmapheresis vs. Double Filtration Plasmapheresis

- Lectin affinity plasmapheresis provides a selective capture mechanism thereby avoiding the loss of key biomolecules such as fibrinogen
- Longer and more frequent treatments are therefore possible
- Lectin affinity plasmapheresis removes immunosuppressive proteins shed by HCV
- Lectin affinity plasmapheresis uses a sealed single-use disposable cartridge vs. multiple cartridges and pumps as required by DFPP


HIV/AIDS Patient Data
30 DAY STUDY – THREE HEMOPURIFIER® TREATMENTS PER WEEK
92% REDUCTION OF VIRAL LOAD
120000
100000
80000
60000
40000
20000
0
Treatment 1
Treatment 12
IMPROVED CD4+ T-CELL %
20
15
10
5
0
AIDS
Treatment 1
Treatment 12
24


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
% Initial HCV Viral Load
0
1
2
3
4
5
6
7
Time (days)
Drugs alone predicted
Drugs alone obs


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
% Initial HCV Viral Load
0
1
2
3
4
5
6
7
Time (days)
No drugs HP 4hr/day
Drugs alone predicted
Drugs alone obs


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
% Initial HCV Viral Load
0
1
2
3
4
5
6
7
Time (days)
No drugs HP 4hr/day
Drugs alone predicted
Drugs + HP 4hr predicted
Drugs alone obs

Next Step: Lectin Affinity PP + SOC in non-ESRD Population

- 30 patients: 15 control; 15 Hemopurifier
- 3 consecutive days
- SOC therapy starts immediately after LAPP
- Looking next to initiate trials in Europe in support of application for CE mark.

Advantages of Extracorporeal Blood Purification as an Adjunct to SOC

- Improves viral clearance without adding drug toxicity
- Improves viral clearance without introducing new drug interaction risks
- Significantly improves cure rates vs. drug therapy alone
- Is a therapy that could easily be provided by nephrology practices.