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Cytosorbent Form 4 July 15, 201	•										
FORM	ЛЛ								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check th if no lon subject t Section Form 4 c Form 5	ger o STATEN 16. or Filed pur	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								Expires:January 31, 2005Estimated average burden hours per response0.5	
obligatic may con <i>See</i> Instr 1(b).	tinue. Section 17(tility Hole vestment	•	· ·		1935 or Section	I		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Kraus Al								5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of Earliest Transaction					(Check	eck all applicable)					
C/O CYTOSORBENTS CORPORATION, 7 DEER PARK DRIVE, SUITE K			(Month/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)				
				ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
MONMOU JUNCTION							j	Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. 4. Securities Acquired (A Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			(D)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
~				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	07/10/2014			M <u>(1)</u>	50,000	А	\$ 0.035	1,443,631	D		
Common Stock	07/10/2014			S <u>(1)</u>	50,000	D	\$ 0.2366 (2) (3)	1,393,631	D		

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

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number.

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

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. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A or Disposed (D) (Instr. 3, 4, and 5)	Expiration Da (Month/Day/ [*])	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option	\$ 0.035	07/10/2014		M <u>(1)</u>	50,00	0 06/25/2008	06/25/2018	Common Stock	50,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Kraus Al C/O CYTOSORBENTS CORPORATION 7 DEER PARK DRIVE, SUITE K MONMOUTH JUNCTION, NJ 08852	Х					
Signatures						

/s/ Al Kraus 07/15/2014 Date

**Signature of Reporting Person

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).
- Stock option exercise and open market sales pursuant to a 10b5-1 trading plan adopted by the Reporting Person in accordance with rule (1)10b5-1 of the Securities Exchange Act of 1934, as amended.
- The price in column 4 is a weighted average price. The prices actually received by the reporting person in this transaction range from (2)\$0.2356 to \$0.2399.
- The reporting person has provided to the issuer, and the issuer will provide to any security holder of the issuer or the SEC staff, upon (3) request, information regarding the number of shares purchased at each price within the range reported.

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.