Edgar Filing: CORNERSTONE THERAPEUTICS INC - Form 4

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|---|--|------------|--|--------------|----------------|---------|--|--|---|---------|--|
| CORNERST Form 4 July 30, 200 | TONE THERAPE 9 | EUTICS I | NC | | | | | | | | |
| FORM | 14 | | | | | | | | OMB AF | PROVAL | |
| Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| if no long subject to Section 1 | Check this box if no longer subject to Section 16. Form 4 or | | | | | | | Expires: Estimated a burden hour response | | | |
| Form 5 obligatio may com <i>See</i> Instr 1(b). | ns Section 17(| (a) of the | Public U | tility Hol | | ny A | ct of 1 | Act of 1934, 1935 or Section | | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| Cornerstone BioPharma Holdings, Symbol | | | ERSTONE THERAPEUTICS | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| INC [C | | | | | | | | | | | |
| | | | of Earliest Transaction | | | | DirectorX 10% Owner Officer (give title Other (specify below) below) | | | | |
| (Street) 4. If Ame | | | endment, Date Original 6. Individual or 3 | | | | | oint/Group Filing(Check | | | |
| | | | | nth/Day/Year | - | | Applicable Line) _X_ Form filed by O | | | | |
| CART, NC | 27510 | | | | | | I | Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative Sec | urities | s Acqui | ired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | Security (Month/Day/Year) Execution Date, if | | 3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | red (A) | Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| C | | | | Code V | Amount | (D) | Price \$ | (Instr. 3 and 4) | | | |
| Common Stock | 07/28/2009 | | | S | 1,250,000 | D | 5.5 (1) | 1,952,225 | D | | |

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control 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) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|------------------------|---|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Addre | SS | Relationships | | | | | | | |
|--|------------|---------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Cornerstone BioPharma Holding 2000 REGENCY PARKWAY SUITE 255 CARY, NC 27518 | s, Ltd. | Х | | | | | | | |
| Signatures | | | | | | | | | |
| /s/Craig A. Collard, Director | 07/30/2009 | | | | | | | | |
| **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).
- Shares sold to Chiesi Farmaceutici SpA, ("Chiesi") at a price of \$5.50 per share, in connection with the closing of the transactions (1) contemplated by the Stock Purchase Agreement, by and among Chiesi, Cornerstone BioPharma Holdings, Ltd. and Lutz Family Limited
- Parntership, and other related agreements entered into on May 6, 2009.

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.