

ROCKWELL MEDICAL TECHNOLOGIES INC
Form 15-12G
February 27, 2006

OMB APPROVAL

OMB Number: 3235-0167
Expires: October 31, 2007
Estimated average burden
hours per response1.50

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 15

CERTIFICATION AND NOTICE OF TERMINATION OF REGISTRATION UNDER SECTION 12(g) OF
THE SECURITIES EXCHANGE ACT OF 1934 OR SUSPENSION OF DUTY TO FILE REPORTS UNDER
SECTIONS 13 AND 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934.

Commission File Number 000-23661

Rockwell Medical Technologies, Inc.

(Exact name of registrant as specified in its charter)

30142 Wixom Road, Wixom, MI 48393, (248) 960-9009

(Address, including zip code, and telephone number, including area code, of
registrant's principal executive offices)

Common Share Purchase Warrants to purchase one common
share for \$3.90 with an expiration date of January 26, 2006

(Title of each class of securities covered by this Form)

Common Shares, no par value

(Titles of all other classes of securities for which a duty to file reports
under section 13(a) or 15(d) remains)

Please place an X in the box(es) to designate the appropriate rule
provision(s) relied upon to terminate or suspend the duty to file reports:

Rule 12g-4(a)(1)(i)	☒	Rule 12h-3(b)(1)(i)	☒
Rule 12g-4(a)(1)(ii)	☐	Rule 12h-3(b)(1)(ii)	☐
Rule 12g-4(a)(2)(i)	☐	Rule 12h-3(b)(2)(i)	☐
Rule 12g-4(a)(2)(ii)	☐	Rule 12h-3(b)(2)(ii)	☐
		Rule 15d-6	☐

Approximate number of holders of record as of the certification or notice
date: 0 .

Pursuant to the requirements of the Securities Exchange Act of 1934,
Rockwell Medical Technologies, Inc. has caused this certification/notice to be

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signed on its behalf by the undersigned duly authorized person.

Date: 2/21/06

By: /s/ Thomas E. Klema

Thomas E. Klema, Chief Financial Officer

Instruction: This form is required by Rules 12g-4, 12h-3 and 15d-6 of the General Rules and Regulations under the Securities Exchange Act of 1934. The registrant shall file with the Commission three copies of Form 15, one of which shall be manually signed. It may be signed by an officer of the registrant, by counsel or by any other duly authorized person. The name and title of the person signing the form shall be typed or printed under the signature.

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.