Cytosorbents Corp Form 4 February 01, 2017

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

**SECURITIES** Form 5 obligations

may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Cytosorbents Corp [CTSO]

3. Date of Earliest Transaction

(Month/Day/Year)

01/30/2017

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person \* Capponi Vincent

(First) (Middle)

C/O CYTOSORBENTS CORPORATION, 7 DEER PARK

DRIVE, SUITE K

(Street)

2. Transaction Date 2A. Deemed

Symbol

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

(Check all applicable)

10% Owner Director X\_ Officer (give title Other (specify

Chief Operating Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

below)

**MONMOUTH** JUNCTION, NJ 08852

1. Title of

Security

(Instr. 3)

(City) (State) (Zip)

(Month/Day/Year)

3. 4. Securities Execution Date, if

Code V Amount (D) Price

Code Disposed of (D) (Month/Day/Year) (Instr. 8)

TransactionAcquired (A) or (Instr. 3, 4 and 5)

(A)

or

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct (D) or Indirect Beneficial (I) (Instr. 4)

Indirect Ownership (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

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

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SEC 1474 (9-02)

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

#### Edgar Filing: Cytosorbents Corp - Form 4

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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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 (right to buy)	\$ 4.69	01/30/2017		A	73,200	<u>(1)</u>	06/07/2026	Common Stock	73,200

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Capponi Vincent C/O CYTOSORBENTS CORPORATION 7 DEER PARK DRIVE, SUITE K MONMOUTH JUNCTION, NJ 08852

**Chief Operating Officer** 

#### **Signatures**

/s/ Vincent Capponi 02/01/2017

\*\*Signature of Date
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).

On June 7, 2016, the reporting person was granted an option to purchase 91,500 shares of common stock pursuant to the CytoSorbents Corporation 2014 Long-Term Incentive Plan, which was to vest upon achievement of certain performance goals as determined in the

(1) discretion of the Board of Directors of CytoSorbents Corporation (the "Company"). This grant was reported on a Form 4 filed on June 9, 2016. On January 30, 2017, the Board of Directors of the Company determined that 80% of such performance criteria was achieved during 2016, resulting in the vesting of 73,200 shares underlying this option.

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.

Reporting Owners 2