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NORTHFIELD LABORATORIES INC /DE/

Form 4

December 03, 2004

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL

Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIA

OMB Number: 3235-0287 January 31,

Expires: 2005
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if no longer subject to
Section 16.
Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. 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

See Instruction 30(h) of the Investment Company Act of 1940

1(b).

Common

Stock

12/01/2004

(Print or Type Responses)

| I. Name and A | Address of Reporting I | Symbol NORTH | 2. Issuer Name and Ticker or Trading Symbol NORTHFIELD LABORATORIES INC /DE/ [NFLD] | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--------------------------------------|---|---|---|--------------------------------------|--------|---|--|--|---|--|
| (Last) 1560 SHEF | (First) (M | (Month/L | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2004 | | | | Director 10% Owner _X Officer (give title Other (specify below) Vice President | | | |
| 1000 | | | | | | | · | 100 1 100100110 | | |
| | (Street) | 4. If Ame | 4. If Amendment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | |
| EVANSTO | N, IL 60201 | Filed(Moi | nth/Day/Year |) | | | Applicable Line) _X_ Form filed by Form filed by ! Person | One Reporting Pe More than One Re | | |
| (City) | (State) | (Zip) Tab l | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed o | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | e 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securition(A) or Dis (Instr. 3, 4 | sposed | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | COUC V | Amount | (עו | FILE | | | | |

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

M

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.

SEC 1474

(9-02)

12,500

D

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

12,500 A

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| 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 onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amo Underlying Secu (Instr. 3 and 4) | |
|---|---|---|---|---|---|--|--------------------|---|----------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Ar or Nu of |
| Option, Right-to-buy | \$ 7.43 | 12/01/2004 | | M | 12,500 | 08/03/2004(2) | 08/03/2013 | Common Stock | 12 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |

KLEIMAN JAY MD 1560 SHERMAN AVE. SUITE 1000 EVANSTON, IL 60201

Vice President

Signatures

/s/ Jay Kleiman, M.D. 12/03/2004

**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).
- (1) The stock option was granted on August 3, 2003.
- (2) The stock option is 25 percent vested as of August 3, 2004.

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.

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