#### **CELL THERAPEUTICS INC**

Form 4

December 22, 2004

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Estimated average

burden hours per

Expires:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

January 31, 2005

Form 4 or 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 30(h) of the Investment Company Act of 1940

response... 0.5

**OMB APPROVAL** 

See Instruction 1(b).

(City)

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person * ASELAGE STEVE	2. Issuer Name and Ticker or Trading Symbol CELL THERAPEUTICS INC [CTIC]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) (First) (Middle) 501 ELLIOTT AVE. W. #400	3. Date of Earliest Transaction (Month/Day/Year) 12/20/2004	Director 10% Owner Start Officer (give title Other (specify below) EVP Global Comm Operations			
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SEATTLE, WA 98119		Form filed by More than One Reporting Person			

		Table 1 Tion Berriative Securities Required, Disposed of, or Beneficiary 6 wheat							ily O willou
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Dis	sposed	of	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(D)			Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	4 and 5	<b>5</b> )	Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			C = V	<b>A</b>	or	ъ.	(Instr. 3 and 4)		
~			Code V	Amount	(D)	Price			
Common Stock	12/20/2004		A	10,000 (1)	A	\$0	30,000	D	

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

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

### Edgar Filing: CELL THERAPEUTICS INC - 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 ctionDerivative Securities (Month/Day/Year)  8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 8.46	12/20/2004		A	20,000	(2)	12/20/2014	Common Stock	20,0

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ASELAGE STEVE 501 ELLIOTT AVE. W. #400 SEATTLE, WA 98119

**EVP Global Comm Operations** 

## **Signatures**

Louis A. Bianco, Attorney-in-fact for Stephen Aselage

12/21/2004

\*\*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).
- (1) Represents a stock award of which 33 1/3% shall vest on 12/20/2005, 33 1/3% shall vest on 12/20/2006 and 33 1/3% shall vest on 12/20/2007.
- (2) Represents a stock option grant of which 33 1/3% shall become exercisable on 12/20/2005, 66 2/3% shall become exercisable on 12/20/2006 and 100% shall become exercisable on 12/20/2007.

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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