Edgar Filing: Lamadrid David - Form 4

Lamadrid I Form 4	David									
January 14	, 2010									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							NT	PPROVAL		
Washington, D.C. 20549							N OMB Number:	3235-0287		
	Check this box if no longer CTLATED (EDUT) OF CHANGES IN DEDUEDICIAL OWNED SHIP OF						Expires:	January 31, 2005		
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O Section 16. SECURITIES Form 4 or					Estimated burden hou response	average Irs per				
-	iona Pileu pul	(a) of the	Public U	Jtility Hol	lding Co		nge Act of 1934 of 1935 or Sect 940			
(Print or Type	e Responses)									
1. Name and Lamadrid	2. Issuer Name and Ticker or Trading Symbol MedaSorb Technologies CORP				5. Relationship of Reporting Person(s) to Issuer					
			[MSBT]				(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			Director 10% Owner X_ Officer (give title Other (specify below) below)				
	ASORB LOGIES CORP., 7 RIVE, SUITE K	7 DEER	01/04/2	2010			· · · · · · · · · · · · · · · · · · ·	ef Financial Offic	cer	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			al	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MONMO JUNCTIO	UTH N, NJ 08852						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3,	(A) or 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)	
				Code V	Amount	(D) Price	(msu. 5 and 4)			
Reminder: R	eport on a separate line	e for each cl	lass of sec	urities bene	•	•	•			
					inforr requi	nation cont red to respo	spond to the colle ained in this forr ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)	

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

number.

Edgar Filing: Lamadrid David - 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. Transactio 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou Numb Shares
Stock Option	\$ 0.173	01/04/2010		А	400,000	01/04/2010(1)	01/04/2020	Common Stock	400,0

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Dire	ector	10% Owner	Officer	Other		
Lamadrid David C/O MEDASORB TECHNOLOG 7 DEER PARK DRIVE, SUITE I MONMOUTH JUNCTION, NJ (K			Chief Financial Officer			
Signatures							
/s/ David 01/1	4/2010						

Lamadrid

<u>**</u>Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The stock options issued to Mr. Lamadrid do not all vest on 1/04/2010. The stock options issued to Mr. Lamadrid become exercisable
 (1) according to the following vesting schedule: 80,000 stock options vest on 01/04/10; 80,000 stock options vest on 01/04/11; 80,000 stock options vest on 01/04/12; and 80,000 stock options vest on 01/04/13; and 80,000 stock options vest on 01/04/14.
- (2) As compensation for services rendered, on January 4, 2010, Mr. David Lamadrid was issued an option to purchase 400,000 shares of common stock at an exercise price of \$0.173 per share which will expire on January 4, 2020.

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.