Edgar Filing: Cytosorbents Corp - Form 4

Cytosorbent Form 4	s Corp										
May 26, 201	15										
FORM	14				~~~			OMB AF	PPROVAL		
	UNITED		CURITIES A Washington,			NGE CU	OMMISSION	OMB Number:	3235-0287		
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr	ger o 16. or Filed pur ons tinue.	suant to Section a) of the Publi	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940						Expires: January 31, 2005 Estimated average burden hours per response 0.5		
1(b). (Print or Type	Responses)										
(I fine of Type	(csponses)										
1. Name and Address of Reporting Person <u>*</u> Kraus Al			ssuer Name and bol osorbents Cor			5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (I	•	3. Date of Earliest Transaction (Check						k all applicable)		
C/O CYTOSORBENTS CORPORATION, 7 DEER PARK DRIVE, SUITE K			nth/Day/Year) 21/2015			_X_ Director 10% Owner Officer (give title Other (specify below) below)					
			Filed(Month/Day/Year) A				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
MONMOU JUNCTION						Ī	Person		porting		
(City)	(State)	(Zip)	Table I - Non-E	Derivative	Secur	ities Acqui	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	Fransactionor Disposed of (D)Code(Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	OwnershipIndirectForm:BenefitDirect (D)Owneror Indirect(Instr.(I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock	05/21/2015		M <u>(1)</u>	10,000	А	\$ 0.875	65,746	D			
Common Stock	05/21/2015		S <u>(1)</u>	10,000	D	\$ 6.0823 (2) (3)	55,746	D			

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

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number.

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

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)	Secu Secu Acqu or Di (D)	rities hired (A) isposed of r. 3, 4,	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	\$ 0.875	05/21/2015		M <u>(1)</u>		10,000	06/25/2008	06/25/2018	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Kraus Al C/O CYTOSORBENTS CORPORATION 7 DEER PARK DRIVE, SUITE K MONMOUTH JUNCTION, NJ 08852	Х					
Signatures						

/s/ Al Kraus 05/26/2015

<u>**</u>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) Stock option exercise and open market sales pursuant to a 10b5-1 trading plan adopted by the Reporting Person in accordance with rule 10b5-1 of the Securities Exchange Act of 1934, as amended.
- (2) The price in column 4 is a weighted average price. The prices actually received by the reporting person in this transaction range from \$6.04 to \$6.15.
- (3) The reporting person has provided to the issuer, and the issuer will provide to any security holder of the issuer or the SEC staff, upon request, information regarding the number of shares purchased at each price within the range reported.

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.