Capstone Therapeutics Corp. Form 4

December 19, 2016

Check this box

if no longer

subject to

Section 16.

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

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 4 or 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

Symbol

(Print or Type Responses)

MILLER LLOYD I III

1. Name and Address of Reporting Person \*

(Last) 3300 SOUT	(First)	(Middle)	Capstone Therapeutics Corp. [CAPS]  3. Date of Earliest Transaction (Month/Day/Year)  12/16/2016		(Che	X 10	k all applicable) X 10% Owner title Other (specify below)			
HIGHWAY, SUITE 1-365							below)	below)	Delow)	
(Street) 4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) WEST PALM BEACH, FL 33405						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution	med on Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4)	sposed	Price	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)
Common Stock	12/16/2016			S	38,967	D	\$ 0.04	0	D	
Common Stock								472,792 <u>(1)</u>	I	By Milfam II L.P.
Common Stock								90,344 (1)	I	By Trust D - Lloyd I. Miller
Common Stock								641,218 (1)	I	By Trust C - Lloyd I. Miller
								724,100 (1)	I	

#### Edgar Filing: Capstone Therapeutics Corp. - Form 4

Common By
Stock LIMFAM
LLC
By Trust

Common 5,828,968 (1) I A-4 - Lloyd I. Miller

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

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)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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. Transac Code (Instr. 8	5. etionNumber of S Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	ite	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	
				Code	V (A) (D)	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
- 0	Director	10% Owner	Officer	Other		
MILLER LLOYD I III 3300 SOUTH DIXIE HIGHWAY SUITE 1-365 WEST PALM BEACH, FL 33405		X				

## **Signatures**

/s/ David Hoyt Attorney-in-fact 12/19/2016

\*\*Signature of Reporting Person Date

Reporting Owners 2

# **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).
- The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein. This filing (1) shall not be deemed an admission that the reporting person is, for purposes of Section 16 of the Securities Exchange Act of 1934 or otherwise, the beneficial owner of any equity securities covered by this filing.

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.