Cytosorbents Corp Form 4 July 24, 2014

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Rubin Joseph

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Last)

(First)

Cytosorbents Corp [CTSO] 3. Date of Earliest Transaction

(Check all applicable)

(Middle)

(Month/Day/Year)

X\_ Director 10% Owner Officer (give title Other (specify below)

C/O CYTOSORBENTS CORPORATION, 7 DEER PARK DRIVE, SUITE K

> (Street) 4. If Amendment, Date Original

03/28/2014

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

**MONMOUTH** JUNCTION, NJ 08852

> (City) (State) (Zip)

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

1.Title of Security (Instr. 3)

(Month/Day/Year)

2. Transaction Date 2A. Deemed Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

(A) or

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

#### Edgar Filing: Cytosorbents Corp - Form 4

| Derivative<br>Security<br>(Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Year) | Execution Date, if<br>any<br>(Month/Day/Year) | Transact<br>Code<br>(Instr. 8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |                     |                    | Underlying S (Instr. 3 and |                            |
|--------------------------------------|---|------------------|---|--------------------------------|---|---------------------|--------------------|----------------------------|----------------------------|
|                                      |   |                  |   | Code V                         | (A) (D  | Date<br>Exercisable | Expiration<br>Date | Title                      | Amount of Number of Shares |
| Stock<br>Option                      | \$ 0.195  | 03/28/2014       |   | A                              | 150,000   | 03/28/2015          | 03/28/2024         | Common<br>Stock            | 150,000                    |

5. Number of

6. Date Exercisable and

7. Title and Amount of

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |
|---|---------------|-----------|---------|-------|--|--|
| <u>.</u>  | Director      | 10% Owner | Officer | Other |  |  |
| Rubin Joseph<br>C/O CYTOSORBENTS CORPORATION<br>7 DEER PARK DRIVE, SUITE K<br>MONMOUTH JUNCTION, NJ 08852 | X             |           |         |       |  |  |

3. Transaction Date 3A. Deemed

## **Signatures**

1. Title of 2.

s/ Joseph Rubin 07/24/2014

\*\*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).

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.

Reporting Owners 2