Lamadrid David Form 4 September 09, 2011

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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may continue.

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 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * Lamadrid David

(Zip)

(First) (Middle)

C/O CYTOSORBENTS CORP., 7 DEER PARK DRIVE, SUITE K

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

Cytosorbents Corp [CTSO] 3. Date of Earliest Transaction

(Month/Day/Year) 09/06/2011

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner X_ Officer (give title Other (specify below)

Chief Financial Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

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

MONMOUTH JUNCTION, NJ 08852

					1,	,	•
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transacti	on(A) or Disposed of (D)	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)	Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)		Owned	(D) or	Ownership
		•			Following	Indirect (I)	(Instr. 4)
				/ A >	Reported	(Instr. 4)	
				(A)	Transaction(s)		
				or	(Instr. 3 and 4)		
			Code V	Amount (D) Pric	e ` i		
Common Stock	09/06/2011	09/06/2011	S	$\begin{array}{ccc} 12,500 & \text{D} & \$ \\ \frac{(1)}{} & 0.21 \end{array}$	₅ 7,837,500 <u>(2)</u>	D	

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

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

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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. Transactic Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Dat	. 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	\$ 0.035	09/06/2011	09/06/2011	M	12,500	09/06/2011	(3)	Common Stock	12,500	

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Lamadrid David C/O CYTOSORBENTS CORP. 7 DEER PARK DRIVE, SUITE K MONMOUTH JUNCTION, NJ 08852

Chief Financial Officer

De: Sec (In:

Signatures

Reporting Person

/s/ David
Lamadrid

**Signature of 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) The shares of common stock were sold by Mr. Lamadrid pursuant to a 10b5-1 trading plan, adopted by the reporting person on June 8, 2011.

In addition to the currently outstanding shares of common stock owned by Mr. Lamadrid and reported here, Mr. Lamadrid also beneficially owns the shares of common stock underlying the following stock options: options to purchase 150,000 shares of common

- (2) stock at \$1.90 per share; options to purchase 1,400,000 shares of common stock at \$0.25 per share; options to purchase 400,000 shares of common stock at \$0.173 per share; options to purchase 400,000 shares of common stock at \$0.168 per share, options to purchase 2,750,000 shares of common stock at \$0.138 per share; and options to purchase 2,737,500 shares of common stock at \$0.035 per share.
- (3) N/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.

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