## Edgar Filing: LEVITT DANIEL J - Form 4

LEVITT DA	NIEL J											
Form 4												
January 02, 2	2013											
<b>FORM</b>	14								OMB AF	PPROVAL		
	UNITE	D STATES			ND EXC D.C. 205		GE C	OMMISSION	OMB Number:	3235-0287		
Check the									Expires:	January 31,		
if no long subject to		EMENT O	F CHAN	GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 Werage		
Section 1				SECUR	ITIES				burden hours per			
Form 4 o									response 0.5			
Form 5 obligation	- ·						•	e Act of 1934,				
may cont				•	• •			1935 or Section	n			
See Instru		30(h)	of the In	vestment	Company	Act	of 194	0				
1(b).												
(Print or Type I	Responses)											
(I find of Type I	(coponises)											
1. Name and A	ddress of Reportin	ng Person <sup>*</sup>	2 Issuer	r Name <b>and</b>	Ticker or T	radino		5. Relationship of Reporting Person(s) to				
LEVITT DA	•	-	Symbol	uer Name <b>and</b> Ticker or Trading l				Issuer	1 0			
•				CORP [	CYTR1							
(Last)	(First)	(Middle)		f Earliest Tr	-			(Chec)	k all applicable	2)		
(Last)	(First)	(windule)			ansaction			Director	10%	Owner		
				onth/Day/Year) /31/2012				Director X Officer (give				
SUITE 650			12/31/2	012				below)	below)			
									Medical Office			
				Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				nth/Day/Year	)			Applicable Line) _X_ Form filed by One Reporting Person				
LOSANCE		0						Form filed by M				
LOS ANOL	LES, CA 9004	7						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecuriti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D			3.	4. Securiti	-		5. Amount of	6. Ownership			
Security	(Month/Day/Yea		on Date, if		on(A) or Disj			Securities	Form: Direct			
(Instr. 3)		any (Month/	Dav/Year)	Code (Instr. 3, 4 and 5) Year) (Instr. 8)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(internation	2 aj, 1 cai)	(1110111-0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(Ilisu: 5 aliu 4)				
Common Stock	12/31/2012			А	100,000	А	\$0	200,000	D			

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.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
					,,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable	able Date	of			
				Code V	(A) (D)				Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
LEVITT DANIEL J 11726 SAN VICEN LOS ANGELES, CA			Chief Medical Officer					
Signatures								
/s/ Daniel J. Levitt	01/02/2013							
<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).

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.