## Edgar Filing: CRITICAL THERAPEUTICS INC - Form 4

CRITICAL T Form 4 June 14, 2007	THERAPEUTICS	INC									
<b>FORM</b> Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	s box er <b>STATEM</b> 5. Filed purs s nue. Section 17(a	ENT OF uant to Se ) of the Pt	Wasl CHANG ection 16 ublic Uti	hington, GES IN SECUR (a) of the lity Hole	D.C. 209 BENEFI ITIES e Securit	549 CIA ies Ez ipany	<b>L OW</b> xchang	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated a burden hou response	rs per	
(Print or Type R 1. Name and Ad THOMAS F	ddress of Reporting P	: (	Symbol		Ticker or			5. Relationship of Issuer (Chec	f Reporting Pers		
	(First) (M AL THERAPEU' ESTVIEW ROAD	TICS, (	3. Date of 1 (Month/Da 06/13/20	-	ansaction			X Director X Officer (give below) Pre		• Owner er (specify	
(Street) 4. If Amen Filed(Mont					-			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State) (Z	Zip)	Table	I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transactic Code (Instr. 8)		ties Ad	cquired d of	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	
Common Stock	06/13/2007			А	1,500	А	\$ 2.24	67,033	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 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)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
THOMAS FRANK E C/O CRITICAL THERAPE 60 WESTVIEW ROAD LEXINGTON, MA 02421	EUTICS, INC.	Х		President & CEO				
Signatures								
/s/ Frank E. Thomas	06/14/2007							

<u>\*\*</u>Signature of Reporting Person Date

ure of

## **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.