Edgar Filing: CYTOGEN CORP - Form 4

CYTOGEN	CORP										
Form 4											
June 15, 200											
										APPROVAL	
Washington, D.C. 20549								NOMB Number:	3235-	0287	
Check this box								Expires:	Januar	-	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									Estimated average 2005		
Section 16. SECURITIES									burden hours per		
Form 4 Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934									0.5	
obligatio	-						of 1935 or Section				
may con	itinue.			•	•	ny Act of 1		UII			
<i>See</i> Instr 1(b).	ruction	50(11)	or the r	n vestmen.	compu						
(Print or Type	Responses)										
1 Nome and	Address of Reporting	Damon *					5 Deletionshin	f Donorting Dor	aan(a) to		
HENDRIC		2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer						
1121 (2140)	-	Symbol CYTOGEN CORP [CYTO]									
(Last)	(First) ((Middle)	L 3					eck all applicabl	e)		
(Last)	(windune)	3. Date of Earliest Transaction (Month/Day/Year)			X Director	109	% Owner				
650 COLL	EGE ROAD		06/14/2006			Officer (give title Other (specify					
EAST, SUI		below)					below)				
(Street)			4. If Amendment, Date Original			al	6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line)											
_X_Form filed by One Reporting Person Form filed by More than One Reporting											
PRINCEI	ON, NJ 08540						Person		1 0		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	ł	
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securit	ties	5. Amount of	6. Ownership	7. Nature	of	
Security	(Month/Day/Year)	/Day/Year) Execution Date, if any (Month/Day/Year)		TransactionAcquired (A) or			Securities	Form: Direct	Indirect		
(Instr. 3)				Code (Instr. 8)	Disposed (Instr. 3,		•	(D) or Indirect (I)	Beneficia Ownersh		
	(Wohu) Day (Hist. 6)			(Instr. 5,	+ and 5)	Following	(Instr. 4)	(Instr. 4)	•		
						(A)	Reported				
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price	(
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
							spond to the colle		SEC 1474		
							ained in this form ond unless the fo		(9-02)		
							ntly valid OMB co				

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

number.

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orDerivative	Expiration Date	of Underlying
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	Securities

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Instr. 3 and 4)		
				Code V	(A) (I) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Options to purchase common stock (1)	\$ 2.95	06/14/2006		Α	10,000	06/14/2007	06/14/2016	common stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HENDRICKSON ROBERT F 650 COLLEGE ROAD EAST SUITE 3100 PRINCETON, NJ 08540	X						
Signatures							
William J. Thomas, as Power of Attorney	of 06/15/2006						
**Signature of Reporting Person		Da	te				
Explanation of Boononcocy							

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) Such options were granted pursuant to the terms of the Company's 2004 Non-Employee Director Stock Incentive Plan, and vest in full on the one-year anniversary of the date of grant.

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.