Edgar Filing: CERUS CORP - Form 4

CEDUC CODE

CERUS COI	RP									
Form 4										
November 1	3, 2013									
FORM	14								PPROVAL	
	UNITED	STATES SECU				NGE (COMMISSION	ONID	3235-0287	
Check the	is how	Wa	shington,	D.C. 20	549			Number:		
if no long							Expires:	January 31, 2005		
subject to	GES IN BENEFICIAL OWNERS				NERSHIP OF	Estimated a				
Section 1		SECURITIES						burden hours per		
Form 4 o Form 5	Form 4 or					1	response			
obligation		suant to Section				-				
may cont	See Instruction See Instructio									
See Instru	uction	50(n) of the f	nvestment	Compan	y Aci	l 01 194	40			
1(b).										
(Print or Type I	Responses)									
(I IIII OF I JPP I	(100p 011000)									
1. Name and A	Address of Reporting	Person [*] 2 Issue	er Name and	Ticker or '	Tradir	nσ	5. Relationship of	f Reporting Per	son(s) to	
	AURENCE M	Symbol	2. Issuer Name and Ticker or Trading				Issuer	1 0		
			CERUS CORP [CERS]							
(Least)	(First)		-	-			(Chec	ck all applicable	e)	
(Last)	(First) (N		of Earliest Tr	ansaction			X Director	100	6 Owner	
C/O CERUS	S CORPORATIO		(Month/Day/Year) 11/12/2013				X Officer (give title Other (specify			
STANWEL		11, 2000 11/12/2	11/12/2013				below) below) Chief Med & Scientific Officer			
5 TH () LL							Chief Mec	1 & Scientific (Officer	
(Street) 4			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
		Filed(Me	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
CONCORD	CA 04520							Aore than One Reporting Po		
CONCORD	9, CA 94520						Person			
(City)	(State)	(Zip) Tal	ole I - Non-D	erivative S	Securi	ities Aco	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date		3.				5. Amount of	6. Ownership	•	
Security	(Month/Day/Year)			on(A) or Di			Securities	Form: Direct	Indirect	
(Instr. 3)	× , ,	any	Code	(D)	-		Beneficially	(D) or	Beneficial	
(Month/Day/Y			Year) (Instr. 8) (Instr. 3, 4 and 5)				Owned	Indirect (I)	Ownership	
							Following Reported	(Instr. 4)	(Instr. 4)	
					(A)		Transaction(s)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common					(D)	\$				
Stock	11/12/2013		М	1,000	А	ф 4.25	571,756	D		
SIOCK						4.23				

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)

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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 on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. I Dei Sec (Ini
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option	\$ 4.25	11/12/2013		М	1,000	(1)	12/08/2013	Common Stock	1,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director 10% Owner Officer		Officer	Other			
CORASH LAURENCE M C/O CERUS CORPORATION 2550 STANWELL DRIVE CONCORD, CA 94520	Х		Chief Med & Scientific Officer				
Signatures							
Laurence M. Corash by Lori L. attorney-in-fact	Roll,	11/13/2013					
**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).
- (1) Fully vested.
- (2) Not applicable.

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.