### Edgar Filing: CRITICAL THERAPEUTICS INC - Form 3

CRITICAL THERAPEUTICS INC Form 3 November 04, 2008 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Price David		<ol> <li>Date of Event Requiring Statement</li> <li>(Month/Day/Year)</li> </ol>	3. Issuer Name and Ticker or Trading Symbol CRITICAL THERAPEUTICS INC [CRTX]			
(Last)	(First)	(Middle)	10/31/2008	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)	

(Check all applicable)

(give title below) (specify below)

Chief Financial Officer

Director

\_X\_\_ Officer

10% Owner

\_ Other

C/O CORNERSTONE THERAPEUTICS INC., 2000 REGENCY PARKWAY, SUITE 255

(Street)

### CARY, NCÂ 27518

(City)	(State)	(Zip)	ſ	<b>Fable I - Non-Deriv</b>	ative Securiti	es Beneficially Owned
1.Title of Secur (Instr. 4)	ity		]	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Reminder: Report on a separate line for each class of securities beneficial owned directly or indirectly.			ities beneficially	SEC 1473 (7-02	)	
	inform	ation cont	oond to the co lined in this fo nd unless the			

currently valid OMB control number.

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

OMB APPROVAL

OMB Number:	3235-0104
Expires:	January 31, 2005
Estimated a	•
	0.5
·	2005 average rs per

6. Individual or Joint/Group

Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Form filed by More than One

Person

Reporting Person

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
	reporting of the runte / runtess		10% Owner	Officer	Other		
Price David C/O CORNERSTONE THERAPEUTICS INC. 2000 REGENCY PARKWAY, SUITE 255 CARY, NC 27518		Â	Â	Chief Financial Officer	Â		
Signatures							
/s/ David Price	11/03/2008						
<u>**</u> Signature of Reporting Person	Date						

## **Explanation of Responses:**

#### No securities are beneficially owned

\* If the form is filed by more than one reporting person, see Instruction 5(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.