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Failla Anto Form 4 May 24, 20	-										
•								OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								ONID	3235-0287		
Check t	this box		Wa	shington	, D.C. 2	0549		Number:	January 31,		
	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	2005			
Section 16. SECURITIES b								Estimated burden hor			
Form 4 or Form 5response0.5Form 5Filed 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 1(b).0.5									0.5		
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Failla Anton Giorgio			Symbol Issuer				Issuer	onship of Reporting Person(s) to			
			CORNERSTONE THERAPEUTIC INC [CRTX]				(Check all applicable)				
(Last)				of Earliest TransactionX_ Director				% Owner her (specify			
	SI FARMACEUT PALERMO 26/A		(Month/ 05/20/2	Day/Year) 2010			below)	below)			
	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check							
ΔΑΡΜΑΙ	L6 L643122		Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by Form filed by M	One Reporting P More than One R			
		()					Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	e Securities A	cquired, Disposed o	f, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) or l of (D)	SecuritiesIBeneficially(Owned(6. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	eport on a separate line	e for each cl	lass of sec	urities bene	ficially ow	ned directly o	or indirectly.				
					infor requi	mation cont red to respo ays a currer	pond to the collec ained in this form ond unless the for htly valid OMB cor	are not m	SEC 1474 (9-02)		
	Tab					sposed of, or convertible s	Beneficially Owned securities)				
1. Title of Derivative		nsaction Dat h/Day/Year)		eemed tion Date, if	4. Transae	5. Numbe ctionDerivative			7. Title and Amount of Underlying Securities		

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day	/Year)	(Instr. 3 and	4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock (Right to Buy)	\$ 5.97	05/20/2010		A	22,500	<u>(1)</u>	05/20/2010	Common Stock	22,500

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips	
Fg	Director	10% Owner	Officer	Other
Failla Anton Giorgio C/O CHIESI FARMACEUTICI SPA VIA PALERMO 26/A PARMA, L6 L643122	Х			
Signatures				
/s/ David Price, attorney in fact for An attorney.	a power of 05/24/2010			

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

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).

Shares subject to these options vest in 36 approximately equal monthly installments with the first installment vesting as of June 20, 2010.

(1) These options were granted pursuant to the terms of Cornerstone Therapeutics Inc. Amended and Restated Non-Employee Director Compensation and Reimbursement Policy, effective October 31, 2008.

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.

Date