Edgar Filing: BATOR MICHAEL G. - Form 4

BATOR MIC Form 4	HAEL G.									
April 27, 201 FORM Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	4 UNITE box er STATE 5. Filed p Section 1	EMENT O pursuant to 3 7(a) of the	Was F CHAN Section 16	hington, GES IN I SECURI 5(a) of the ility Hold	D.C. 209 BENEFI ITIES e Securiti ling Com	549 CIA es Ea pany	L OW Kchang Act o	COMMISSION NERSHIP OF ge Act of 1934, ff 1935 or Section 40	V OMB Number: Expires: Estimated a burden hou response	irs per
(Print or Type R 1. Name and Ad BATOR MIC	ldress of Reportin	ng Person <u>*</u>	Symbol	Name and pents Cor			g	5. Relationship o Issuer		
(Last) C/O CYTOS CORPORAT DRIVE, SUI	TION, 7 DEER	(Middle) R PARK	•	Earliest Tra ay/Year)	• -	L		_X_ Director		e) 6 Owner er (specify
				nendment, Date Original Ionth/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed (of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			9) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/15/2018			А	3,300 (1)	А	\$0	73,800 <u>(2)</u>	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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)	ion Date, if TransactionDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 5 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 7.9	03/15/2018		А	14,450	(3)	03/15/2028	Common Stock	14,450	

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
BATOR MICHAEL G. C/O CYTOSORBENTS CORPORATION 7 DEER PARK DRIVE, SUITE K MONMOUTH JUNCTION, NJ 08852		Х					
Signatures							
/s/ Michael G. Bator **Signature of	04/27/2018 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) These shares represent restricted stock units and will be settled into common stock upon vesting upon a "Change in Control" of CytoSorbents Corporation, as defined in the CytoSorbents Corporation 2014 Long-Term Incentive Plan (the "Plan").

Includes (a) the following restricted stock units subject to vesting in accordance with the schedule set forth in (1) above: (i) 3,300 restricted stock units granted on March 15, 2018 and reported on this Form 4, (ii) 6,000 restricted stock units granted on February 24,

- (2) Positicited stock units granted on Match 19, 2018 and reported on this Form 4, (ii) 0,000 restricted stock units granted on Peordal y 24 2017, and (iii) 60,000 restricted stock units granted on June 7, 2017, and (b) 4,500 shares of common stock owned by the reporting person.
- (3) Such options were granted pursuant to the Plan and vest in four equal parts at the end of each calendar quarter beginning January 1, 2018.

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.

Reporting Person

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