

CELL THERAPEUTICS INC  
 Form 3  
 November 25, 2013

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**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 * Baxter Healthcare SA (Last) (First) (Middle)  THURGAUERSTRASSE 130 (Street)  GLATTPARK (OPFIKON), V8 8152 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 11/15/2013	3. Issuer Name and Ticker or Trading Symbol CELL THERAPEUTICS INC [CTIC]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable) <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	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)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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

Series 19 Preferred Stock Â (1) Â (1) Common Stock 15,673,981 \$ 1.914 (2) D (3) Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Baxter Healthcare SA THURGAUERSTRASSE 130 GLATTPARK (OPFIKON), <u>Â</u> V8 <u>Â</u> 8152	<u>Â</u>	<u>Â</u> X	<u>Â</u>	<u>Â</u>
BAXTER INTERNATIONAL INC ONE BAXTER PARKWAY, DF2-1W DEERFIELD, <u>Â</u> IL <u>Â</u> 60015	<u>Â</u>	<u>Â</u> X	<u>Â</u>	<u>Â</u>

## Signatures

/s/ Stephanie D. Miller, on behalf of Baxter Healthcare SA 11/25/2013

  Signature of Reporting Person Date

/s/ David P. Scharf, on behalf of Baxter International Inc. 11/25/2013

  Signature of Reporting Person Date

## Explanation of Responses:

\* 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).

(1) The 30,000 shares of Series 19 Preferred Stock acquired by the reporting persons are convertible into shares of the Issuer's common stock at any time at the holder's election, and are automatically convertible under certain circumstances but no later than December 15, 2013.

(2) Each share of Series 19 Preferred Stock is convertible at a rate determined by dividing the stated value of each preferred share, which is initially \$1,000, by the conversion price of \$1.914 per common share.

(3) The reported securities are owned directly by Baxter Healthcare SA, which is an indirect wholly-owned subsidiary of Baxter International Inc. Baxter International Inc. is an indirect beneficial owner of the reported securities.

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.